

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: MA-516 - Massachusetts Balance of State CoC

1A-2. Collaborative Applicant Name: Department of Housing and Community Development

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Department of Housing and Community Development

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	No	No
Local Jail(s)	No	No
Hospital(s)	Yes	No
EMS/Crisis Response Team(s)	No	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	No
CoC Funded Youth Homeless Organizations	Yes	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	No
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	No
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	No
LGBT Service Organizations	Yes	No
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Mental Illness Advocates	Yes	Yes
Substance Abuse Advocates	Yes	Yes

Other:(limit 50 characters)		
Higher Education (State University)	Yes	Yes
Homeless Veteran Service Provider	Yes	Yes

1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 2,000 characters)

The CoC uses several strategies to solicit opinions from many organizations.

- Decisions about CoC policy and procedures are developed at open meetings that are advertised using a mailing list of more than 70 nonprofit, municipal, housing authority and state government partner agencies (well in excess of 100 persons, including homeless persons) as well as announcements on the twitter at @MABoSCoC.
- Annual outreach to a wide range of interested persons, i.e. mailings to every state funded Community Veteran Services Officer and municipal library in the CoC reminding them of what the CoC is, the work it does, and inviting them to call, e-mail or attend meetings with questions or feedback.
- An annual needs assessment includes the partners mentioned above participating in 4 public meetings across the CoC. Feedback is requested about unmet housing, services, and training needs. Those needs are considered in the CoC’s RFP for projects and in making changes to CoC policies / procedures.
- Finally, CoC staff attend and participate in a wide variety of community based meetings throughout the CoC including the Chelsea Collaborative, the Lawrence Homelessness working group, and the Tri-City Task force. CoC staff are also active members in The Commission on Unaccompanied Homeless Youth, and the Massachusetts ICHH.

**1B-2.Open Invitation for New Members. Applicants must describe:
 (1) the invitation process;
 (2) how the CoC communicates the invitation process to solicit new members;
 (3) how often the CoC solicits new members; and
 (4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.
 (limit 2,000 characters)**

The CoC uses several strategies to solicit new members. 1) All monthly Planning Group meetings are advertised in advance via an extensive e-mail list with requests for receivers of the e-mail to forward it onto interested parties. 2) Annual outreach to a wide range of interested persons, i.e. mailings to every state funded Community Veteran Services Officer and municipal library in the CoC reminding them of what the CoC is, the work it does, and inviting them to call, e-mail or attend meetings with questions or feedback. 3) All monthly Planning Group and many monthly / quarterly committee meetings are advertised in advance on twitter at @MABoSCoC inviting participation and

membership. 4) Homeless Service providers are asked to invite homeless persons they are working with to the meetings. 5) The CoC recently merged with another CoC and special, individualized invitations to remain engaged in specific pieces of work were made to each member of the dissolving CoC that was joining us.

1B-3.Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals. (limit 2,000 characters)

The Collaborative Applicant (CA) issues a competitive procurement (RFR) seeking project proposals. , The RFR was posted to the Commonwealth’s public procurement website on June 6, 2018. The CA notified organizations who had inquired about CoC/ESG funds in the past, including those who were not previously funded. An announcement about the RFR was sent to every person and agency that serves on a standing or ad hoc committee, every CAP agency within the CoC’s geography and the leads of all surrounding CoCs were asked to share it with their providers. The public procurement website is public and interested parties are able to set up alerts to receive notices when new opportunities become available

The RFR details the submission criteria, the review process, and scoring/selection criteria including proposal compliance with allowable scopes of the project as outlined in the NOFA, consistency with the CoC’s priorities, and demonstration of capacity and understanding of the needs of and complexity in working with chronically homeless persons. All project proposals to the continuum this year were included in the CoC application.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Funding Collaboratives	Yes
Private Foundations	No
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Not Applicable
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
Faith Based housing and service programs	Yes

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:
 (1) consulted with ESG Program recipients in planning and allocating ESG funds; and
 (2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.
 (limit 2,000 characters)

The CoC intersects with three ESG recipients: MA, Lawrence (L), and Newton (N). The CoC collaborative applicant is the ESG recipient for MA and staff are embedded in the same unit at DHCD. In collaboration with CoC partners, an evaluation of MA funded RRH and prevention projects was conducted. MA ESG

funding targets Framingham, Brookline, Lawrence, Chelsea, Tri-City communities, and surrounding Lowell towns. After an analysis of project outcomes, coordinated entry data, conversations with ESG providers, CoC funded resources, and the local housing market, the CoC determined MA ESG funding will have the greatest impact if prevention services are prioritized. The CoC receives appx \$370,000 in prevention and RRH funding from MA annually. Based on FFY16 actual outcomes, FFY17 projected annual outcomes, and existing project models, the CoC estimated that 32 low vulnerability households would receive very short term RRH assistance (first, last, and security) and 79 households would receive prevention assistance and exit to permanent housing each year. Were the CoC to re-design existing projects and prioritize all MA ESG funding to RRH for the CoCs most vulnerable households, approximately 25-35 households would be served. The projection assumed that the households would need long-term rental assistance (12-24 months). Alternatively, using the existing project models, 100-120 households could be prevented from homelessness. Simultaneously, the CoC consulted with L and N city officials and ESG staff and agreed that the \$135k received by L could best be used to target CES participants who requested to be re-housed in L and the \$156k received by Newton should continue to support Newton/Waltham shelter operations and prevention services. Prioritizing MA ESG funding for prevention also led the CoC to adjust our 2017 CoC RRH project to a bridge model that will serve 25 highly vulnerable households.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area? Yes to both

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)? Yes

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:
(1) the CoC’s protocols, including the existence of the CoC’s emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and
(2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)

Trauma informed care, confidentiality, data security, and client choice are all included in the CoC’s Coordinated Entry (CE) trainings which occur monthly and are attended by any persons who interact with the CE system. Domestic Violence serving agencies and persons who have experienced domestic violence provided technical support and guidance in the creation of the system

and its policies and procedures. In addition to trainings listed above, the CE process includes a Housing Preference Form (included with this application in the CE policies and procedures attachment) that allows clients to identify which communities, and type of housing they would like. CE files are kept locked and the CoC's homeless registry does not have personally identifying information (PII) in it. PII is never shared without a signed release. Finally, the CoC incorporated an emergency transfer plan process this year into our Coordinated Entry policies and procedures. CoC wide training was conducted at a planning group meeting and the emergency transfer plan protocol was embedded in the coordinated entry trainings that occur monthly.

1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

On May 2, 2018, the Continuum invited representatives from Ria House to one of our monthly meetings. Present at the training were CoC service providers, including direct service staff. The training included a presentation about their services to women with experience in the commercial sex trade, and those fleeing domestic violence as well as other related experiences. They offered guidance about how to structure project specific safety protocols, and did an introduction to trauma informed care. Coordinated Entry staff have been fully trained in trauma informed care as well as motivational interviewing techniques. The continuum revised its coordinated entry policies this year to include Emergency Transfer processes and we conducted a continuum wide training in the emergency transfer protocol.

1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)

The Balance of State CoC uses a number of sources of data to determine the scope of community need related to domestic violence...

- DHCD, the CoC's collaborative applicant, is also the provider of family shelter in Massachusetts – a right to shelter state for homeless households with children. One source of data is the HMIS system that includes all shelter intake information for those households.
- The CoC also uses self-reported information gathered using the Coordinated Entry system.
- The CoC uses APRs and other canned reports generated by HMIS comparable databases used by our Domestic Violence Service Providers.
- Lastly, the CoC used the Massachusetts summary of the “12th Annual National Census of Domestic Violence Services” gathered by the National Network to End Domestic Violence and in which 100% of the state's domestic violence programs participated.

1C-4. DV Bonus Projects. Is your CoC applying for DV Bonus Projects? Yes

1C-4a. From the list, applicants must indicate the type(s) of DV Bonus project(s) that project applicants are applying for which the CoC is including in its Priority Listing.

SSO Coordinated Entry	<input type="checkbox"/>
RRH	<input checked="" type="checkbox"/>
Joint TH/RRH	<input checked="" type="checkbox"/>

1C-4b. Applicants must describe:

- (1) how many domestic violence survivors the CoC is currently serving in the CoC’s geographic area;**
- (2) the data source the CoC used for the calculations; and**
- (3) how the CoC collected the data.**
(limit 2,000 characters)

The CoC serves, point in time, 554 persons who have reported a history of domestic violence, as reported in HMIS. The CoC collects this data at intake. It also looks at this data via the coordinated entry registry.

It is likely underreported because clients often do not wish to disclose this at the moment of intake, before they’ve had an opportunity to come to trust their service provider staff. While HMIS records are updated as new information becomes available, some unknown portion of people who may disclose this in the future, have not yet done so.

1C-4c. Applicants must describe:

- (1) how many domestic violence survivors need housing or services in the CoC’s geographic area;**
- (2) data source the CoC used for the calculations; and**
- (3) how the CoC collected the data.**
(limit 2,000 characters)

The CoC serves, point in time, 554 persons who have reported a history of domestic violence, as reported in HMIS, many of whom have been housed in PSH programs. The Continuum has 49 persons who are actively fleeing domestic violence situations. The CoC collects this data at intake. It is likely under reported.

1C-4d. Based on questions 1C-4b. and 1C-4c., applicant must:

- (1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;**
- (2) quantify the unmet need for housing and services for DV survivors;**
- (3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and**
- (4) describe how the CoC determined the unmet need for housing and services for DV survivors.**
(limit 3,000 characters)

In the most recently reported Domestic Violence Counts for Massachusetts, there were 389 unmet requests for DV services in one day statewide, of which 85% (331) were for housing. Other emergency domestic violence shelter data reveals the tension between this lack of available services and a growing need, longer shelter stays, and the difficulty of transitioning victims of domestic violence into permanent housing.

The Continuum has 49 persons who are actively fleeing domestic violence situations. The CoC collects this data at intake. It is likely under reported.

1C-4e. Applicants must describe how the DV Bonus project(s) being applied for will address the unmet needs of domestic violence survivors. (limit 2,000 characters)

The CoC is applying for two additional DV programs this year. The first, Second Step - TSS TH-RRH Expansion is an expansion of an already existing, solidly performing project that serves households fleeing domestic violence. The existing project operated as a transitional housing program for many years serving 300 adults and 500 children. The recent conversion of the existing project to a Joint TH / RRH project and this expansion project will add significant capacity and reduce the length of homelessness for victims of domestic violence. The expansion projects expects to help 20 additional households quickly transition from homelessness to permanent housing. These households have been determined at in need of transitional services in order to stabilize based on CoC CE policies and procedures.

The second project, SMOC - SMOC VAV RRH, will provide a less intensive model for households that do not require the stabilization services offered through a transitional housing component. In the most recently reported Domestic Violence Counts for Massachusetts, there were 389 unmet requests for DV services in one day, of which 85% (331) were for housing. Other VAV Emergency Shelter data reveals the tension between this lack of available services and a growing need, longer shelter stays, and the difficulty of transitioning victims of domestic violence into permanent housing. Operated as a traditional Rapid Rehousing project, the program will move to quickly integrate households that have fled domestic violence situations into apartments. By increasing capacity in the system, the project will provide a quick exit from the domestic violence shelter and family shelter systems back into housing.

1C-4f. Applicants must address the capacity of each project applicant applying for DV bonus projects to implement a DV Bonus project by describing:

- (1) rate of housing placement of DV survivors;**
- (2) rate of housing retention of DV survivors;**
- (3) improvements in safety of DV survivors; and**
- (4) how the project applicant addresses multiple barriers faced by DV survivors.**

(limit 4,000 characters)

Second Step - TSS TH-RRH Expansion:

- 1. rate of housing placement of DV survivors - 75% of those exiting the program did so for permanent housing. The other 25% moved to other

transitional housing programs.

2. rate of housing retention of DV survivors - 100% of those leaving the project for housing, remained housed a year later.

3. improvements in safety of DV survivors - By serving households that have fled domestic violence situations in other communities, the project offers an opportunity for a fresh start in a new place. The project offers safety planning and strategy, and the ability to move the household quickly if the abuser is somehow able to find them.

4. how the project applicant addresses multiple barriers faced by DV survivors - The project provides intensive stabilization services to households fleeing domestic violence, including employment readiness work, safety planning and strategy, housing search, etc. The RRH component will help overcome the upfront cost barriers to integrating into a new community.

SMOC - SMOC VAV RRH

1. rate of housing placement of DV survivors - SMOC's VAV emergency shelter placed 30 adults and 20 children into housing last year using flexible cash assistance.

2. rate of housing retention of DV survivors - SMOC does not track this for persons fleeing domestic violence specifically, However, 86% of all persons served in SMOC's CoC funded programs either remain in their current permanent housing program or exit their program for another permanent housing situation.

3. improvements in safety of DV survivors - In addition to safety planning and strategy development, the project offers a quick exit from shelter into safe housing in a new community.

4. how the project applicant addresses multiple barriers faced by DV survivors - In addition to helping overcome the upfront cost barriers to integrating into a new community, the project will be integrated with case management services and also with connections to SMOC supportive wrap around services and resources within the community to assist residents in their efforts to achieve and sustain self-sufficiency.

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:

- (1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;**
- (2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and**
- (3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
MA Department of Housing and Community Development	17.00%	Yes-HCV	No
Lawrence Housing Authority	28.00%	No	No

Malden Housing Authority	0.01%	No	No
Boston Housing Authority	64.00%	Yes-Both	No
Medford Housing Authority	0.00%	Yes-Both	No

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 2,000 characters)

Two of the five largest PHAs in the continuum (Lawrence and Malden) do not offer any priority for homeless persons, not even for those homeless through displacement. The continuum engages with the housing authorities through our normal interactions. We have made formal requests for them to alter their administration plans to offer a priority for persons experiencing homelessness.

1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)? No

1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness. (limit 2,000 characters)

DHCD is bound by state law protecting persons from housing discrimination related to sexual orientation since 1990 and gender identity since 2011. DHCD contracts with sub recipients require compliance with these laws. The CoC's anti-discrimination policies were revised in the governance charter on 8/9/16 and fully incorporated into the Coordinated Entry (CE) policies and procedures manual on 1/31/17. A CoC staff serves on an ICHH commission which influences statewide initiatives for LGBTQ persons.

The CoC conducts trainings on "Equal Access in Accordance with an Individual's Gender Identity" from 24 CFR Part 5. Rather than create a recurring training specific to this topic, the CoC incorporated it into the CE trainings which happen at least monthly and include housing providers, shelters, CAP agencies, faith leaders and other interested parties.

1C-6a. Anti-Discrimination Policy and Training. Applicants must indicate if the CoC implemented a CoC-wide anti-discrimination policy and

conducted CoC-wide anti-discrimination training on the Equal Access Final Rule and the Gender Identity Final Rule.

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input type="checkbox"/>
Engaged/educated local business leaders:	<input type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
Other:(limit 50 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1C-8. Centralized or Coordinated Assessment System. Applicants must:
(1) demonstrate the coordinated entry system covers the entire CoC geographic area;
(2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;
(3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and
(4) attach CoC's standard assessment tool.
(limit 2,000 characters)

1. The CoC has a no wrong door approach to Coordinated entry. People may access it by speaking with any provider of any shelter or transitional housing program, and Veteran Service officer in each of our 79 cities and towns, or the staff at any of the municipal libraries. People may also access the system directly via our website or by calling DHCD directly.
2. We are particularly proud of our work in integrating libraries as access

points. Many people who are “service resistant” and reluctant to access shelters still go to libraries for access to the internet warmth and daytime shelter from the elements.

3. We have an objective tool that measures a variety of vulnerabilities including length of time homeless, history of domestic violence, and a wide array of disabilities and other barriers. The tool is attached to this application

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-2. Discharge Planning Coordination. Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input type="checkbox"/>
None:	<input type="checkbox"/>

1E. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:

- (1) objective criteria;**
- (2) at least one factor related to achieving positive housing outcomes;**
- (3) a specific method for evaluating projects submitted by victim services providers; and**
- (4) attach evidence that supports the process selected.**

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	No

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:

- (1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and**
- (2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.**

(limit 2,000 characters)

1. The Continuum considered the following vulnerabilities experienced by program participants in its ranking and selection process: Domestic Violence Victims, Unaccompanied Minors

2. The CoC uses an objective scoring tool (attached to this application) as part of the ranking and review procedures. Projects which specifically serve the above listed vulnerable populations are given additional points. Additionally, rather than weigh every possible vulnerability that a project is designed to serve, the Continuum chose a third way to reward projects that serve more vulnerable households. Since all enrollments in projects now come from the coordinated entry system, any project where the average vulnerability score of any new project participants in the last year was greater than the average score of new project participants in ALL projects, received additional points, improving their ranking and counteracting the potential for poorer outcomes resulting from serving more vulnerable people.

1E-3. Public Postings. Applicants must indicate how the CoC made public:

(1) objective ranking and selection process the CoC used for all projects (new and renewal);

(2) CoC Consolidated Application—including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and

(3) attach documentation demonstrating the objective ranking, rating, and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available, that legibly displays the date the CoC publicly posted the documents.

Public Posting of Objective Ranking and Selection Process		Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings	
CoC or other Website	<input type="checkbox"/>	CoC or other Website	<input type="checkbox"/>
Email	<input type="checkbox"/>	Email	<input type="checkbox"/>
Mail	<input type="checkbox"/>	Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>	Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>	Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>	Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>

1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC’s ARD between the FY 2014 and FY 2018 CoC Program Competitions.

Reallocation: No

1E-4a. If the answer is “No” to question 1E-4, applicants must describe how the CoC actively reviews performance of existing CoC Program-funded projects to determine the viability of reallocating to create new high performing projects. (limit 2,000 characters)

A more complete explanation of this process can be found in the attached "reallocation Process" document. Projects may be reallocated for two possible reasons:

- Chronic underperformance
- The project no longer meets the needs of the homeless persons residing within the continuum

The process for deciding to reallocate is different for different reasons but to quickly summarize, CoC projects are monitored by Collaborative Applicant staff in a number of ways including the ranking process and in an annual site visit. Chronic underperformers who are unable to, after technical assistance, improve their performance are considered for reallocation. The Continuum, via a decision by the Advisory Board, may decide to reallocate the project’s funds.

1E-5. Local CoC Competition. Applicants must indicate whether the CoC:
(1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline—attachment required;
(2) rejected or reduced project application(s)—attachment required; and
(3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline—attachment required. :

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Attachment Required. Yes

2A-1a. Applicants must:
(1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and
(2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).
1. Article IX, pages 12-16 2. Governance Charter

2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required. Yes

2A-3. HMIS Vender. What is the name of the HMIS software vendor? Social Solutions

2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area. Regional (multiple CoC)

2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:
(1) total number of beds in 2018 HIC;
(2) total beds dedicated for DV in the 2018 HIC; and

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	1,773	43	1,231	71.16%
Safe Haven (SH) beds	10	0	0	0.00%
Transitional Housing (TH) beds	303	161	18	12.68%
Rapid Re-Housing (RRH) beds	340	0	14	4.12%
Permanent Supportive Housing (PSH) beds	1,220	10	549	45.37%
Other Permanent Housing (OPH) beds	272	8	66	25.00%

2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months. (limit 2,000 characters)

All CoC projects are in MAHMIS. The CoC has a clear plan to increase bed coverage for all project types within calendar year 2019. First, the CoC has applied for an HMIS Expansion grant which, if awarded, would increase CoC HMIS staff capacity by over 230%. The addition of two new staff, including a CoC HMIS Supervisor, would significantly boost the CoCs ability to work with homeless service providers within the CoC who are not currently utilizing MAHMIS

Second, the Commonwealth has committed funds to create a statewide HMIS Data Warehouse. This project should be fully implemented by Dec 2019. The HMIS Warehouse will give the CoC the ability to incorporate the data of homeless projects utilizing an HMIS other than MAHMIS into HUD reporting including the LSA, SPM, and PIT

Not including DV and disaster-related beds there were 1490 non-participating beds in the 2018 HIC. Of those, a third are using another HMIS/equivalent and because of positive relationships with those agencies, we are confident they would participate in the planned warehouse. Another third are VASH beds, whose providers have historically been very resistant to HMIS participation. The final third of non-participating beds are made up of a mixture of providers who will not use HMIS due to low organizational capacity or distrust of the government

It is important to note that the CoCs ES bed coverage has historically been well above 85% coverage rate, but that was impacted this year by 328 disaster-related beds provided by FEMA and the American Red Cross

PSH is below the 85% coverage rate because the providers who operate 462 VASH beds are not participating in HMIS and have declined to participate at this time

TH, OPH, and RRH are below the 85% coverage rate because providers who operate these beds are not required to participate in HMIS and have declined to participate at this time

The CoC will reach out at least annually to stress the importance of participation

in HMIS

2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept? 10

2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 04/27/2018

2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy). 01/31/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy). 04/27/2018

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC’s sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC’s sheltered PIT count results.
 (limit 2,000 characters)**

We did implement a slight change in methodology in our shelter PIT this year. This year we replaced “Comparison of personally identifying information (PII), such as name, date of birth, and Social Security Number” with “Comparison of unique client identifiers, as one of our methods of de-duplicating the count. We did this because we believed it would provide us with a more efficient, method without sacrificing the quality of the count. While we can’t be certain, we don’t believe this change had any actual impact on the count. The increase in sheltered persons reflects the addition of 328 emergency FEMA shelter beds for persons that fled Hurricane Maria.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count? Yes

2C-2a. If “Yes” was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.

Beds Added:	625
Beds Removed:	359
Total:	266

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, transitional housing, or Safe Haven inventory because of funding specific to a Presidentially declared disaster, resulting in a change to the CoC’s 2018 sheltered PIT count? No

2C-3a. If “Yes” was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct an unsheltered PIT count in 2018, select Not Applicable. No

2C-5. Identifying Youth Experiencing Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count? Yes

2C-5a. If “Yes” was selected for question 2C-5., applicants must describe: (1) how stakeholders serving youth experiencing homelessness were engaged during the planning process; (2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and (3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count. (limit 2,000 characters)

The Youth Committee (YC) spearheaded youth PIT count efforts. The YC worked with youth and young adult (YYA) providers and organizations that serve a high number of YYAs to prepare for and distribute PIT information. Three prominent YYA drop-in centers were heavily involved in the planning process, as were representatives of youth providers in the Balance of State and the neighboring CoCs of Boston, Cambridge, Somerville, and Lowell. With YYA provider input, the CoC adapted the HUD recommended unsheltered survey to collect information from YYA on the day after the PIT. The survey was distributed at YYA drop-in centers and by youth case managers in Waltham, Chelsea, Brookline, and Newton. The intent of the survey was to capture data on YYA sleeping in places not meant for human habitation that may have been identified in the PIT count, but not recognized as YYA, or were not counted in the PIT. The data was not used in the HUD required PIT reporting elements, but was incorporated into our narrative. Information gathered will be used to inform future PIT counts. The CoC used the 2017 MA Youth Count report, which utilized HMIS and youth count survey data, to identify locations YYA were most likely to be experiencing homelessness. The data reinforced the information provided by stakeholders; areas with the highest percentages of YYA experiencing homelessness continue to be Metro Boston, Framingham, Lawrence and towns surrounding Lowell. In preparation for the PIT and the

2018 MA Youth Count, the CoC took planning and process recommendations from YYAs working as consultants for the MA Coalition for the Homeless and the MA Interagency Council on Housing and Homelessness (MAICHH). All YYA consultants are currently homeless or have experienced homelessness in the recent past. Efforts to engage YYA in developing a CoC Youth Action Board and implement the MA Plan to End Youth Homelessness are ongoing.

2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count:

- (1) individuals and families experiencing chronic homelessness;**
- (2) families with children experiencing homelessness; and**
- (3) Veterans experiencing homelessness.**

(limit 2,000 characters)

The CoC conducted webinars and held conference calls to train and solicit feedback from shelters, outreach teams, day-time drop-in centers and meal programs well in advance of the count to make sure that all chronic households were known to at least one provider who would be able to make it a point to assure they were counted.

The collaborative applicant for the CoC, also operates the state’s family shelter system. We used our HMIS data that is all inclusive of families in the CoC who are in shelter, to count all family households.

The CoC’s veterans committee worked throughout the year to maintain its by-name registry of veterans. This registry is regularly cross referenced with both HMIS and the Coordinated Entry System to assure completeness. Veteran service providers, and formerly homeless veterans were consulted in advance of the count to ascertain whether there were places not meant for human habitation or known to the CoC where veterans may be sleeping.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

Number of First Time Homeless as Reported in HDX.	2,205
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3A-1a. Applicants must:

- (1) describe how the CoC determined which risk factors the CoC uses to identify persons becoming homeless for the first time;**
- (2) describe the CoC's strategy to address individuals and families at risk of becoming homeless; and**
- (3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)**

4679 persons entered in FY2015 and 3877 in the current FY. 4041 in FY15 and 3277 in current FY had no previous entries in HMIS in the past 24 months. The CoC reduced the number of persons experiencing homelessness for the 1st time from 3,277 last year to 2,205 this year – a reduction of 1072 or 32%!

DHCD oversees prevention efforts within the CoC as well as many statewide efforts including TPP in the courts. DHCD works with other systems of care, including Veterans and Elders services and our statewide family shelter (EA), to analyze data identifying the factors that lead households to homelessness. This information is used to target and identify eligibility for statewide prevention services including RAFT, HCEC, and HomeBASE diversion. Diversion and prevention services in the CoC include assessment, housing search, mediation, financial assistance, support services, and discharge planning. The CoC's prevention providers actively participate in the CoC's planning group and advisory board. ESG RRH and prevention, are incorporated into CE.

The Department of Housing and Community Development is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time.

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:

- (1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);**
- (2) describe the CoC's strategy to reduce the length-of-time individuals and persons in families remain homeless;**

**(3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
 (4) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the length of time individuals and families remain homeless.
 (limit 2,000 characters)**

Average length of time individuals and persons in family remain homeless = 355. Length of time homeless is a vulnerability variable for the CoC’s coordinated entry system. Length of time homeless is tracked in that system. People who have been homeless longer are typically more vulnerable than others who have the same vulnerabilities but have been homeless for less time. That increased vulnerability allows us to prioritize them for housing opportunities when they become available. The Coordinated Entry Specialist with the MA Department of Housing and Community Development (the collaborative applicant) is responsible for overseeing this strategy.

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:

- (1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and**
- (2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.**

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	25%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	96%

3A-3a. Applicants must:

- (1) describe the CoC’s strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and**
- (2) describe the CoC’s strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.
 (limit 2,000 characters)**

DHCD, as the collaborative applicant, and the Federal Grants Unit within it have developed and are responsible for overseeing strategies to increase the rate at which households in shelter, safe havens, and transitional housing exit to permanent housing. Primarily, we have added significant RRH resources to our portfolio through State funded resources and the addition of a new CoC funded project during the last NOFA cycle. We have requested funding in this cycle for two additional RRH projects (one specifically for persons experiencing domestic Violence) that we think will further expedite households’ moves from homelessness into housing. In addition, we are providing training and support of programmatic staff across the CoC, as well as being focused on data quality.

DHCD, as the collaborative applicant, and the Federal Grants Unit within it, have developed and are responsible for overseeing strategies to increase the rate at which households retain their permanent housing. We have focused on realigning the ESG resources available to us to be able to provide prevention resources when necessary. We have also conducted trainings for programmatic staff in trauma informed care, motivational interviewing. Finally, we have organized our Coordinated Entry processes to a) make better matches for placement the first time and b) be able to accommodate moves from one project of site to another when a move will prevent a return to homelessness.

3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	2%

3A-4a. Applicants must:

- (1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;**
- (2) describe the CoC’s strategy to reduce the rate of additional returns to homelessness; and**
- (3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the rate individuals and persons in families returns to homelessness. (limit 2,000 characters)**

At 4.2% over 2 years, the CoC is pleased with its outcome in this measure. CoC’s strategy to reduce the rate individuals and persons in families returns to homelessness includes examining data from HMIS and paying particular attention to the following: what type of projects returners are leaving from, their household composition, their exit destination, the income/subsidies they left with, and the types of vulnerabilities that they have. Where we find trends, we work to address them. For example, if people leaving a particular shelter for permanent housing destinations have a higher rate of returns to homelessness, we work with the shelter to identify why that might be happening (lack of appropriate stabilization resources, etc) and develop specific strategies to help them address it.

3A-5. Job and Income Growth. Applicants must:

- (1) describe the CoC’s strategy to increase access to employment and non-employment cash sources;**
- (2) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and**
- (3) provide the organization name or position title that is responsible for overseeing the CoC’s strategy to increase job and income growth from employment. (limit 2,000 characters)**

Two CoC providers operate projects that work with newly housed persons on employment readiness. All CoC programs assess each project participant for the benefits they currently receive as the first step in each household's service plan. Potential new sources are identified. Case managers aid participants in accessing other income, including assisting with applications, scheduling, transportation to appointments, and collecting documentation. DHCD, who is responsible for overseeing these outcomes, provides access to SOAR trained persons to aid projects without one, and provide TA during monitoring for projects that are underperforming in this measure.

The primary employment organizations for persons in our CoC programs are: Mass Rehab helping persons with disabilities access job training and support; One Stop Career Centers providing assessment, career information and job search; and Jewish Vocational Services providing skills development, job readiness training and, and job search.

3A-6. System Performance Measures Data Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy) 05/31/2018

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

- 3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:**
- (1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and**
 - (2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.**

Total number of beds dedicated as DedicatedPLUS	83
Total number of beds dedicated to individuals and families experiencing chronic homelessness	577
Total	660

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written standards for all CoC Program-funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing? Attachment Required. Yes

3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.

History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input type="checkbox"/>
Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input type="checkbox"/>
Bad credit or rental history	<input type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

3B-2.2. Applicants must:

- (1) describe the CoC’s current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;**
 - (2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and**
 - (3) provide the organization name or position title responsible for overseeing the CoCs strategy to rapidly rehouse families with children within 30 days of becoming homeless.**
- (limit 2,000 characters)**

DHCD is the provider of all state funded shelter for families and responsible for oversight of rapid rehousing strategies within the CoC. Eligible families are immediately assessed for services through the statewide family EA system including diversion, shelter, and RRH. Primary point of entry is the welfare office. Additionally, CoC partners work with highly vulnerable families sheltered in our CoC for coordinated entry assessment. Families over-income for EA and state funded RRH services, are referred to ESG RRH funds. When immediate rehousing is not feasible due to multiple, complex challenges, the family is placed in shelter and provided with intensive case management services to develop and implement a rehousing plan with HomeBASE, ESG, or other resources. In FY16, 21.4% of families were diverted from shelter entry and rehoused with state RRH HomeBASE and housing search at or very near intake.

3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status, or disability when entering a shelter or housing.

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	<input type="checkbox"/>
CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.	<input type="checkbox"/>
CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.	<input type="checkbox"/>

3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC’s strategy to address the unique needs of unaccompanied homeless youth includes the following:

Human trafficking and other forms of exploitation	No
LGBT youth homelessness	No
Exits from foster care into homelessness	Yes
Family reunification and community engagement	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs	Yes

3B-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC’s current strategy to prioritize unaccompanied youth based on their needs.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of Previous Homeless Episodes	<input type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input type="checkbox"/>
Bad Credit or Rental History	<input type="checkbox"/>

**3B-2.6. Applicants must describe the CoC's strategy to increase:
 (1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and
 (2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.
 (limit 3,000 characters)**

The continuum has newly constituted a youth action board which is helping us develop strategies to provide new resources. The CoC responded to HUD’s YHDP NOFA this year and found the process to be very helpful in pulling together a gaps analysis and initial needs assessment. While we were unsuccessful in our efforts on that front, we built a new array of partnerships with youth serving agencies that we had not previously worked closely with. Those partnerships have helped us better understand other resources that homeless you people may have need of and has allowed us to more effectively connect them to those resources.

The CoC has applied for a new project this year to provide rapid rehousing specifically for young parents. In addition, in our most recent merger, one of the continuums came with a somewhat underutilized youth serving CoC funded program. The merger has allowed the program to be integrated into a larger coordinated entry system and has been able to make referrals to it so that they operate consistently at capacity now.

**3B-2.6a. Applicants must:
 (1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;
 (2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and
 (3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC’s strategies.**

(limit 3,000 characters)

The CoC uses two separate measures of youth homelessness as a way to determine the effectiveness of our strategies.

1. Number of Unaccompanied Youth found in the Annual HUD Point In Time Count: The 2017 count had a total of 33 unaccompanied homeless youth whereas the 2018 count had a total of 64. We believe this measure to be a good one because it gives a specific measurable point in time to compare from year to year. This initial analysis though does not tell the full story because it does not consider the merger that happened shortly after the 2017 count.

2. Number of Unaccompanied Youth found in the statewide Homeless Youth Census: This census is a survey conducted by youth and homeless service providers over the course of two weeks each year at the end of April and beginning of May. It uses a decidedly more open definition of homeless which includes couch surfing and doubled up, but is also less about finding every single person and more of an effort to better understand the circumstances unaccompanied homeless youth find. It gives us excellent information about what sorts of unmet needs they have, and what sorts of barriers they find to accessing those barriers. For example, in 2017 (the most recent report available) LGBTQ respondents were more likely than all respondents to have slept in a shelter the night before (44.7% all vs. 50% LGBTQ) and LGBTQ youth were also more likely to have slept in a place not meant for habitation the night before the survey than other respondents (14.7% all vs. 17.5% LGBTQ). This tells us that we're not doing as good a job as we should in creating environments, even in youth centered programming, that feel safe to LGBTQ youth.

These separate strategies for measuring give us both objective quantitative data about the scale of the problem as well as qualitative data about the efficacy of our interventions.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:

- (1) youth education providers;**
 - (2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);**
 - (3) school districts; and**
 - (4) the formal partnerships with (1) through (3) above.**
- (limit 2,000 characters)**

Wayside Youth and JRI's Youth Harbors Program's collaboration with area schools and the McKinney Vento liaisons (M-Vs) to bring attention to the difficulties faced by homeless youth have resulted in 94% of homeless youth having been stably housed by the end of the year.

The DOE supervisor of all M-Vs across the state serves in a consulting role on the CoC advisory board. JRI, Wayside Youth, and a number of shelter providers serve on the CoC's Youth Committee and the Planning Group. JRI has MOUs with several schools and Head Start programs as part of the Children's Behavioral Health Initiative. Active partner, and subrecipient, ABCD is the Head Start provider for 9 of the districts in the CoC.

3B-2.7a. Applicants must describe the policies and procedures the CoC

adopted to inform individuals and families who become homeless of their eligibility for education services. (limit 2,000 characters)

The collaborative Applicant operates the family shelter system and requires, by contract every family shelter ensure children are in school, and they have a joint process with the M-Vs to identify and assist homeless and at-risk families.

3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select “Yes” or “No”. Applicants must select “Yes” or “No”, from the list below, if the CoC has written formal agreements, MOU/MOA’s or partnerships with providers of early childhood services and support.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	Yes
Head Start	No	Yes
Early Head Start	No	Yes
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No
Healthy Start	No	Yes
Public Pre-K	No	No
Birth to 3 years	No	No
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		

3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD). (limit 2,000 characters)

The CoC has a by name registry of homeless veterans in the CoC. All veterans on the registry are case conferenced monthly at every veterans Committee meeting and are screened by our partners at the VA for eligibility for VA funded housing resources. Those found to be eligible are immediately contacted and referred to a VASH or SSVF provider member of the committee where housing services are provided as appropriate. Those that have served but are not eligible for VA services are housed using the CoC’s Coordinated Entry System.

The CoC has been confirmed by the federal partners as having effectively ended veteran homelessness.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing Yes

homelessness in the CoC?

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness? Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach? Yes

3B-5. Racial Disparity. Applicants must: Yes
 (1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance;
 (2) if the CoC conducted an assessment, attach a copy of the summary.

3B-5a. Applicants must select from the options below the results of the CoC's assessment.

People of different races or ethnicities are more or less likely to receive homeless assistance.	<input checked="" type="checkbox"/>
People of different races or ethnicities are more or less likely to receive a positive outcome from homeless assistance.	<input checked="" type="checkbox"/>
There are no racial disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>
The results are inconclusive for racial disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>

3B-5b. Applicants must select from the options below the strategies the CoC is using to address any racial disparities.

The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	<input type="checkbox"/>
The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	<input type="checkbox"/>
The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	<input type="checkbox"/>
The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups	<input type="checkbox"/>
The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	<input type="checkbox"/>
The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	<input type="checkbox"/>
The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness.	<input type="checkbox"/>

The CoC is educating organizations, stakeholders, boards of directors for local and national non-profit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	<input type="checkbox"/>
The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	<input type="checkbox"/>
The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	<input type="checkbox"/>
The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	<input type="checkbox"/>
Other:	<input type="checkbox"/>

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

- 4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC:**
- (1) assists persons experiencing homelessness with enrolling in health insurance; and**
 - (2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.**

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	No	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

- 4A-1a. Mainstream Benefits. Applicants must:**
- (1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;**
 - (2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and**
 - (3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy for mainstream benefits. (limit 2,000 characters)**

-All families accessing the state shelter system are screened, as a matter of policy, for food stamp and other mainstream resources eligibility and aided in applying for them at every family shelter. The “front door” for family shelter in Massachusetts is the Department of Transitional Assistance – the same department that administers Food stamps. Out of 2,522 adults who stayed in BoS Emergency Shelters during the last year only 121 (a bit under 5%) did not having SNAP by the time they left emergency shelter.

-The CoC has accessed the SOAR program training and the collaborative applicant has two staff that are SOAR certified and are available to all program staff across the CoC. The end result is that 22% of all adults with persistent disabilities impacting their ability to work and who did not have SSDI at program

entry ended up gaining SSDI.

-Planning group meetings (the large – full CoC monthly meeting) has trainings on a wide range topics. Recent trainings related to mainstream resources include applying for home health care and accessing health insurance.

-Finally, an analysis of HMIS data of all persons who have been enrolled for at least a year showed that 48% of stayers increased their unearned income. On average, the increase for those households was \$299.63.

-The Continuum of Care grant coordinator is responsible for organizing these meetings and arranging for the trainings.

4A-2.Housing First: Applicants must report:

- (1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and**
- (2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.**

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	50
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.	44
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	88%

4A-3. Street Outreach. Applicants must:

- (1) describe the CoC’s outreach;**
- (2) state whether the CoC's Street Outreach covers 100 percent of the CoC’s geographic area;**
- (3) describe how often the CoC conducts street outreach; and**
- (4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)**

The CoC’s street outreach covers 100% of its geographic area 5-7 days per week, depending on the community. In the Mystic River Valley, our most densely populated area made up of six cities, we have two teams of people conducting street outreach under bridges, in libraries, parks, abandoned buildings, vehicles, soup kitchens and along river edges to connect people living in places not meant for human habitation with other resources, including shelter and housing. DPH has funded a full time outreach worker in the city of Lawrence working with an influx of persons living under the bridges there and struggling with opiate addiction. Across the entire geography, the PATH staff work on the street with unsheltered persons that are least likely to request assistance because they are struggling with mental health and substance use issues. Finally, the CoC outreaches to police, library and other municipal staff making sure they know how to contact the CoC and outreach teams.

4A-4. Affirmative Outreach. Applicants must describe:
(1) the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability; and
(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above.
(limit 2,000 characters)

Since all CoC housing is accessed through Coordinated Entry (CE), the CoC markets its housing by marketing the CE system. CE is marketed widely using a network of providers and state agencies and is advertised on the CoC’s website and twitter. We have policies to assure equal access regardless of race, color, national origin, religion, sex, gender expression, sexual orientation, age, familial status, or disability as outlined on pages 10 and 11 of the CE policies manual attached to this application. Policies are included in monthly CE trainings. All CE materials are written. Non-hearing/speaking persons may complete the forms w/out assistance. A free service for residents of MA helps hearing or speech impaired people communicate over the phone. CoC providers are contractually required to provide help a person may need, including reading questions on CE forms to visually impaired persons, recording their answers for them, translation services, and submitting the forms to CE

4A-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	316	340	24

4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4A-7. Homeless under Other Federal Statutes. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other Federal statutes? No

4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
1C-5. PHA Administration Plan–Homeless Preference	No	Admin plans	09/07/2018
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No		
1C-8. Centralized or Coordinated Assessment Tool	Yes	Coordinated Entry...	08/07/2018
1E-1. Objective Criteria–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	Ranking tool	08/23/2018
1E-3. Public Posting CoC-Approved Consolidated Application	Yes		
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes	Rating and review...	08/31/2018
1E-4. CoC's Reallocation Process	Yes	CoC's reallocatio...	08/23/2018
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes	Notification - Pr...	08/31/2018
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes	Project rejection...	09/04/2018
1E-5. Public Posting–Local Competition Deadline	Yes	Public Posting	08/23/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes	CoC and HMIS Lead...	08/23/2018
2A-2. HMIS–Policies and Procedures Manual	Yes	HMIS protocols	08/07/2018
3A-6. HDX–2018 Competition Report	Yes	HDX competition r...	08/23/2018
3B-2. Order of Priority–Written Standards	No	CE policies	08/28/2018

3B-5. Racial Disparities Summary	No	Summary	09/05/2018
4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: Admin plans

Attachment Details

Document Description:

Attachment Details

Document Description: Coordinated Entry Tool and releases

Attachment Details

Document Description: Ranking tool

Attachment Details

Document Description:

Attachment Details

Document Description: Rating and review public posting

Attachment Details

Document Description: CoC's reallocation process

Attachment Details

Document Description: Notification - Projects Accepted

Attachment Details

Document Description: Project rejection notifications

Attachment Details

Document Description: Public Posting

Attachment Details

Document Description: CoC and HMIS Lead Governance documents

Attachment Details

Document Description: HMIS protocols

Attachment Details

Document Description: HDX competition report

Attachment Details

Document Description: CE policies

Attachment Details

Document Description: Summary

Attachment Details

Document Description:

To find the relevant portions of the excerpted PHA admin plans:

MA Department of Housing and Community Development – pages 3 and 5. Relevant portions highlighted

Medford Housing Authority – pages 8 and 11. Relevant portions highlighted.

Boston Housing Authority – page 13

**MASSACHUSETTS
DEPARTMENT OF
HOUSING & COMMUNITY
DEVELOPMENT**



**HOUSING CHOICE VOUCHER
PROGRAM
ADMINISTRATIVE PLAN**

**Approved:
September
2014**

19.5 HOUSING OPTIONS PROGRAM

19.5.1 Overview

The Housing Options Program (HOP) provides rental assistance and supportive services to disabled persons primarily in the greater Boston area who are homeless or at risk of homelessness. HOP is a collaborative effort of the DHCD and various Departments and offices under the Executive Office of Health and Human Services (EOHHS).³ Participating EOHHS agencies commit funds to support the lead service agency, JRI Health, which provides all applicant referrals and coordination of services for program participants.

HOP is an integral part of a continuum of care that provides permanent housing for homeless persons with disabilities who are ready to live independently. HOP is targeted to homeless persons moving out of transitional housing in order to make beds available within the homeless service system. This unique program combines 345 Section 8 vouchers with supportive services.

- Priority 1: Homeless disabled persons in transitional housing programs
- Priority 2: Homeless disabled persons in shelters, streets, or places not meant for human habitation
- Priority 3: Otherwise homeless disabled persons

For the purposes of the HOP Administrative Plan, an agency that is directly responsible for the provision of supportive services to a HOP participant is referred to as a "vendor." The vendors involved in HOP currently include: DMH, DDSDS, DPH-BSAS, MRC, HomeStart, EOEA, MassHealth and JRI.

Interagency Advisory Team

The Interagency Advisory Team (IAT) meets as needed and consists of representatives of DHCD, participating EOHHS agencies, HomeStart, JRI Health (JRI), the Metropolitan Boston Housing Partnership (MBHP), MassHousing, and representatives of non-profit housing and service agencies working with homeless people with disabilities. The IAT is responsible for the management of support services funding, the development of HOP policies and procedures, and the general oversight of the program.

DMH, on behalf of all participating funding agencies, serves as the key agency responsible for the procurement and contracting with the Lead Service Agency (LSA). The LSA is responsible for the day-to-day HOP management.

³ Departments and offices under EOHHS include the Department of Developmental Services (DDS), the Department of Mental Health (DMH), the Department of Public Health (DPH), the Executive Office of Elder Affairs (EOEA), the Department of Veteran's Services (DVS), the Massachusetts Rehabilitation Commission (MRC), and the Department of Children and Families (DCF).

Participants cannot save unused support funds, so staff are urged to encourage participants to use these funds for the above purposes and unforeseen expenses. The support accounts are intended to facilitate savings, and allow for participants access to as much of the escrow funds as possible. Under certain circumstances, support funds may be accessed under the hardship policy to offset loss of earned income. See Hardship Policy section of this plan. Support funds cannot be used to pay rent arrearages.

DHCD has established the following guidance for the appropriate use of the supports budget. Appropriate uses for the supports budget include but are not limited to:

- Transportation (public transportation, private auto expenses, for working participant(s) and/or children);
- Work wardrobe or uniforms;
- English as a Second Language classes /Adult Basic Education/GED programs or testing;
- Training programs or expenses;
- College tuition or expenses;
- Expenses for professional credentials (licenses, certification, professional insurance, etc.); or
- Continuing education expenses.

For participants with children, support funds may also be used for child care, before or after-school care, summer camp, or other appropriate supports for their children, if these supports are needed to help the participant meet their program requirements.

19.17.3 Moving To Work Demonstration Project Authority, Contracts, and Termination

DHCD's MTW program is operated through the terms and conditions established in its Moving To Work Demonstration Agreement, and any amendments which may be added. DHCD, its subcontracted administering agencies, and MTW participants are bound by all MTW statutory and regulatory requirements regarding operation, modification, and/or termination/transition of this project. Funding for this program is subject to annual review, and dependent upon adequate federal funding for DHCD's entire HCVP portfolio. In addition, DHCD will monitor the program's effectiveness in its primary purpose -- helping participants meet their economic self-sufficiency goals.

19.17.4 Eligibility:

All participants must meet the following eligibility requirements in order to be enrolled in the program. Documentation of compliance with all eligibility requirements must be included in each participant file.

Employment:

- Working at least part-time;
- Imminently employed (offer has been made) and/or with recent work history (within the last 6 months); or
- Enrolled in a full-time job training program with placement and on-going employment assistance.

Demonstrated Commitment to Goals of Program:

- Commitment to work with a variety of service agencies to obtain the supports they identify as needing in order to move forward (One Family Scholars, Career Center Services, vocational counseling etc.) Participants will be required to complete a pre-program workshop prior to joining the program.

Live in Non-subsidized Housing:

RAAs must make a good faith effort to determine if participants are living in subsidized housing of any kind. RAA staff are expected to have a strong knowledge base of subsidized housing programs in their service area.

Income Eligible

75 percent of all participants must earn less than 30% of AMI. All other eligibility requirements of DHCD's HCV program apply to pilot participants as well. All participants must meet the "but for this assistance" threshold – i.e., all participants must require the rental assistance in order to move from "at-risk" and unstably housed to stable and able to actively address education/training deficits to improve their long term economic stability.

Regional Priorities

In Boston, priority is given to families living in homeless shelters. Participants leaving shelter to enroll in the FES program will lose their homeless status.

19.17.5 Outreach and Referrals

Each program site will be required to submit an outreach and referral plan to DHCD prior to enrolling participants in the program. This plan will document how the agency will reach as broad a base as possible to ensure open and available access to the program.

In addition to identifying participants who meet their respective geographic priorities, DHCD expects RAAs to reach out to community colleges, job training programs, community based organizations, faith-based institutions, immigrant services agencies, childcare providers, community health centers, and other widely accessed service providers.

19.17.6 Portability

Within MA

This program is a Moving to Work initiative of DHCD and thus has limited in-state mobility only. A participant who wishes to move to a different community within the service area of the RAA must be able to continue to meet the requirements of their Stability Plan, and the move must be approved by RAA staff prior to changing residences. Participants who move to the other MTW site, will join the new area's program, and be subject to all aspects of that program design, including different rent subsidy payments, support budget and service providers.

MEDFORD HOUSING AUTHORITY

121 Riverside Avenue
Medford, MA 02155
(781) 396-7200

TO: *ACOP*

*Admissions and Continued
Occupancy Policy*

ADMINISTRATIVE PLAN

SECTION 8 HOUSING

CHOICE VOUCHER

PROGRAM

REV 12/10/2014

- Among applicants with equal preference or priority, date and time of receipt of a completed application will organize the waiting list.

RESIDENCY PREFERENCE

The MHA has determined that its jurisdiction, for the purpose of implementing a local residency preference, is *that area within the city limits of the City of Medford*. CWL applicant families who are able to document they live in Medford, work in Medford, have been hired to work in Medford or have been displaced from their dwelling unit in Medford and have not obtained permanent replacement housing at the time of application and at the time of verification of selection from the CWL are considered to have Medford residency. The residency preference shall also apply to families with a member who works or has been hired to work in the MHA residency preference area. The residency preference shall not be based on how long the applicant has resided in or worked in the MHA residency preference area.

In order to verify that an applicant is a resident, the MHA may require third party verification such as:

- Leases/utility bills
- Employer or agency records
- School records
- Drivers licenses
- Voter registration records

Any other documentation deemed relevant by the MHA

PRIORITIES: The following preference & priorities govern the order of CWL selections for this agency.

- 1.) FIRST PRIORITY : Medford residents who have been involuntarily displaced by government action, natural disaster or fire that has caused their unit to be uninhabitable.**

Verification must include proof of residency and:

A copy of Federal, state or local government action related to code enforcement, public improvement or development proving the action occurred despite the Applicant having met all lawfully imposed lease conditions. Proof that displacement was not the result of failure to comply with HUD and State policies in its housing programs with respect to occupancy of under-occupied and Over-crowded units or failure to accept a transfer to another unit in accordance with a court order or policies or procedures under a HUD-approved desegregation plan.

A copy of the incident report from the local Fire Department or other appropriate agency who deals with disaster; and

A copy of his/her lease or a statement from the property Owner, verifying that s/he is/was the tenant of records at the affected address; and

Verification from the Fire department, the Inspectional Services Department, the Health Department or other appropriate agency that the dwelling unit is now uninhabitable; and

The cause of the disaster if known (NOTE: if the Applicant or Household Member or guest was the cause of the disaster, approval for Priority status will be denied unless Mitigating Circumstances are established to the satisfaction of the MHA.

Standard Replacement Housing

In order to receive the displacement preference, applicants who have been displaced must not be living in "standard, permanent replacement housing."

Standard replacement housing is defined as housing that is decent, safe and sanitary that is adequate for the family size according to HQS/local/state code and that the family is occupying pursuant to a written or oral lease or occupancy agreement between the family and the property owner or agent.

Standard replacement housing does not include transient facilities, hotels, motels, temporary shelters and in the case of Victims of Domestic Violence housing occupied by the individual who engages in such violence.

It does not include any individual imprisoned or detained pursuant to State Law or an Act of Congress or situation where a family is temporarily doubled up in overcrowded housing with family or friends.

2.) **SECOND PRIORITY:** Standard Medford resident applicants (no involuntary displacement)

3.) **THIRD PRIORITY:** Non-Medford Applicants selected in order of application receipt.

INCOME TARGETING

In accordance with the Quality Housing and Work Responsibility Act of 1998, each fiscal year the MHA will reserve a minimum of 75% of its Section 8 new admissions for families whose income does not exceed 30% of the area median income. HUD refers to these families as "extremely low-income families." The MHA will admit families who qualify under the Extremely Low-Income limit to meet the income-targeting requirement, regardless of preference.

The MHA's income targeting requirement does not apply to low-income families continuously assisted as provided for under the 1937 Housing Act.

McWhinney, Melissa (OCD)

From: Kathy Fortier <kfortier@medfordhousing.org>
Sent: Wednesday, September 20, 2017 7:37 PM
To: McWhinney, Melissa (OCD)
Cc: 'Jeffrey Driscoll'
Subject: FW: Homeless admissions to Medford Housing Authority
Attachments: Public Housing Admissions & Continued Occupancy Excerpt.pdf; Leased Housing Admin Plan Excerpt.pdf

Melissa,

Dora Nakabuye forwarded your request for information below to me. Please see Medford Housing Authority's responses in RED.

If you have any questions, please contact me.

Sincerely,
Kathy

Kathy Fortier
Assistant Executive Director
Medford Housing Authority
121 Riverside Ave.
Medford, MA 02155
Phone: 781-396-7200 x107
Fax: 781-393-9497

From: McWhinney, Melissa (OCD) [<mailto:melissa.mcwhinney@state.ma.us>]
Sent: Thursday, September 7, 2017 3:42 PM
To: DNakabuye@medfordhousing.org
Cc: JDriscoll@medfordhousing.org
Subject: FW: Homeless admissions to Medford Housing Authority

Dear Ms. Nakabuye: Last year, you were kind enough to provide us with necessary information as we were preparing the Balance of State Continuum of Care's annual HUD NOFA application for Continuum of Care funds.

I am returning to you this year with a similar request for answers to two questions for Medford Public Housing, updated.

- 1) HUD is asking for the percentage of total new admissions to Medford Public Housing OR to the Housing Choice Voucher program (whichever is greater) who were homeless at entry, during HUD's FY2016, thus October 1, 2015 – September 30, 2016.

I believe the number is recorded in Field 4c on Form HUD 50058.

If you would prefer, please provide me with the total number of new admissions from 10/1/15 – 9/30/16, and the total number during that period who were homeless upon entry, and I will calculate the percentage.

Medford Housing Authority (MHA) Response: There were no Housing Choice Voucher or Public Housing program admissions that were homeless at entry October 1, 2015 – September 30, 2016.

2) Does Medford Housing Authority have a General or Limited Homeless Preference in admissions? Please let me know "Yes" or "No". A General Preference means that homeless households would be placed above other households on a list. A Limited Preference (a "set-aside") means that a defined number of public housing units or HCVs are made available on a priority basis to homeless applicants.

MHA Response: Yes, MHA has a General Homeless and Limited Homeless Preference in admissions in one or more of the programs administered.

Housing Choice Voucher Program.

The primary preference is Medford Residency; however, families with Medford residency that have been involuntarily displaced and become homeless as a result of government action, natural disaster or fire, receive preference ahead of other Medford residents regardless of application date. Applicants that are selected in order of application are considered to have Medford Residency preference if they can establish they were displaced from their dwelling unit in Medford and have not obtained permanent replacement housing since that displacement. In other words if their last permanent address was Medford and they have since been homeless, they receive Medford Residency preference in order of application. Also, MHA administers vouchers defined for victims of Domestic Violence who are considered homeless at the time of referral from the District Attorney's office. Attached please find the section of the Administrative Plan in place October 1, 2015 – September 30, 2016 that addresses preferences.

Public Housing

MHA does not have a Public Housing preference for Homelessness for federal public housing; the primary preference is Medford residency. However, MHA's non-federal, state-aided elderly public housing provides preference for applicants who can establish they became homeless as Medford residents. Federal family housing provides preference to Veterans with Medford residency ahead of other Medford residents regardless of application date. Attached please find the section of the ACOP in place October 1, 2015 – September 30, 2016, that addresses federal housing preferences.

If MHA does have a General or Limited Homeless Preference, please attach the document that reflects the preference or send me a link to the document. That document may be the Administrative Plan, Admissions and Continued Occupancy Policy (ACOP), or 5-year plan. If the homeless preference exists but is not reflected in a document, please write a letter to me stating the preference.

And Jeffrey, how nice to see your name as Executive Director! Congratulations.

Many thanks,

Melissa

Melissa McWhinney

Federal Grants Compliance Coordinator
Massachusetts Department of Housing and Community Development (DHCD)
100 Cambridge Street, Suite 300
Boston, MA 02114
617-573-1343
Melissa.McWhinney@massmail.state.ma.us

4.2 Priorities and Preferences

Certain BHA Applicants may qualify for a Priority and/or Preference, which affects the position of those Applicants on each BHA waiting list.

4.2.1 Definitions

1. **Priority** is defined as a housing-related situation that affects a Household's present residential status. The BHA gives points to Applicants with a Priority that ranks those Applicants higher on each waiting list than Applicants without Priority. An Applicant can qualify for only one Priority at any given time. Certain priorities are given more points than others are. An Applicant will always be assigned to the highest Priority for which they qualify. Specific Priority definitions and point information can be found later in this chapter in sections 4.4.3 and 4.4.5.

2. **Preference** refers to points given to BHA Applicants who are veterans, Boston Residents, employed in Boston, offered employment in Boston, a Disabled Person (Family Developments/AMPs only) or Elderly Households who apply for certain developments in accordance with State regulations and the BHA's Designated Housing Program (See Section 10.3, Designated Housing and Section 10.4 Elderly Preference). Preference points are cumulative and are added to Priority points (if any) to determine an Applicant's position on each BHA waiting list. An Applicant may qualify for more than one Preference at a time.

4.2.2 Verification

BHA will provide to each potential Applicant a description of each Priority and Preference available to Applicants. BHA will verify the Priority and/or Preference during the application process-as part of both the preliminary and final eligibility processes (See Section 4.4.3).

4.2.3 Matching of the Applicant and the Apartment Characteristics

Before applying Priorities and Preferences, BHA will determine the appropriate apartment size, and special needs requirements if any, based on Household composition and special needs required. In making the selection of a Household for an apartment with accessible features, the BHA will give preference to Households with the greatest number of Priority/Preference points, the earliest approval date for said Priority/Preference points and earliest application date that include a person with disabilities who has a specific need for the apartment features.

4.2.4 Ranking by Priority and/or Preference Points

Applicants will be ranked on each selected development's/AMPs waiting list by Priority and/or Preference points, which are described below. Date Priority and/or Preference points are granted and original Application date will further rank each Applicant.

Although the BHA has adopted specific ranking categories, the order in which they are ranked is different in the BHA's State and Federal Public Housing Programs. A chart for each program listing the ranking categories and the order in which they are ranked follows:

Note: Approved Administrative Transfers will be offered housing before all ranking clients. Approved Emergency Transfers shall be offered every other 4th unit by waiting list by bedroom size and appropriate unit type. On-site Under or Over Housed transfers shall be offered every 8th unit by development by

result of action by that agency, and

- b. the precise reason(s) for such displacement.

H. Other Government action (Federal Only): A Household is required to permanently move from their residence by a Federal, State or local governmental action such as code enforcement, public improvements or a development program.

Verification Requirements:

- a. third-party, written verification from the appropriate unit or agency of government certifying that the applicant has been displaced or will be displaced in the next ninety days, as a result of action by that agency; and
- b. the precise reason(s) for such displacement.

I. For disabled individuals only, inaccessibility of a critical element of their current dwelling: A member of the Household has a mobility or other impairment that makes the person unable to use a critical element of the current apartment or development AND the owner is not legally obligated under laws pertaining to reasonable accommodation to make changes to the apartment or dwelling unit that would make these critical elements accessible to the Household Member with the disability.

Verification Requirements:

- a. The name of the household member who is unable to use the critical element;
- b. a written statement from a Qualified Healthcare Provider verifying that the household member has a Disability (but not necessarily the nature of the Disability) and identifying the critical element of the dwelling which is not accessible and the reasons why it is not accessible; and
- c. a statement from the landlord or official of a government or other agency providing service to such Disabled Persons explaining the reason(s) that the landlord is not required to make changes which would render the dwelling accessible to the individual as a reasonable accommodation.

J. Homelessness due to Applicant was displaced from his or her last permanent residence: A Household lacks a fixed, regular and adequate nighttime place of habitation and the primary nighttime dwelling is one of the following:

- A supervised public or private shelter designed to provide temporary living accommodations (includes welfare hotels, congregate shelters and transitional housing); or
- A public or private place not designed for human habitation.

Persons living with existing BHA residents or other subsidized housing, or living with residents in private housing even if only temporarily DO NOT qualify as homeless. Persons who temporarily move to a shelter for the sole purpose of qualifying for this priority shall be determined ineligible.

Verification Requirements:

Coordinated Entry Vulnerability Assessment Tool

Demographic Information		Total Score
Date:	Interviewer/Advocate/Case Manager's Name:	
Referring Agency/Organization Name:	Interviewer/Agency Contact Phone #	
Preferred (Primary) Language:	Secondary Language:	
Full Name of Head of Household	SSN (Optional- last 4 ONLY)	
Date of Birth (xx/xx/xxxx)	Household Description:	
	<input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Couple	
How do you prefer to be contacted?	Phone Number:	
<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail		
Email:	Address:	
Alt. Contact Name & Relationship to you:	Alt. Contact Information (Phone/Email/Address):	
Are you fleeing a domestic violence situation?	Gender you identify as:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Agender <input type="checkbox"/> Other	

Household Composition (Use back of page section if more room is needed)			
Name	Gender	Relationship	DOB
		Head of Household	

Coordinated Entry Vulnerability Assessment Tool

Please complete all 7 sections included in this assessment.

Section 1: Misc. Vulnerability Points		
Have you ever served in the military? (for placement and veteran's services referral only)	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Town or Zip code of last permanent address? (do not include shelter/other programs)		
Score 1 point if household had 6 or more members		
Score 1 point if Domestic Violence is the cause of the homelessness (within 1 year)		
Score 1 point if applicant is over 60 years old		
Score 1 point if applicant is 18-24 years old		
Section 1 Total:		

Section 2: Housing/Homelessness		
In this section choose only ONE answer in each Part		
Part A.	Tell me about where you have been staying at night (Choose where you have been sleeping most often)	
5	Homeless in a place not meant for human habitation	
4	Homeless in a shelter	
3	In Transitional Housing	
2	In substandard housing and/or rent is not affordable (over 30% of income)	
1	In stable housing that is only marginally adequate	
0	Housing is safe, adequate, and affordable	

Part B.	If in Shelter or a place not meant for human habitation, how long have you been staying there?	
3	More than 1 year	
2	6 months to 1 year	
1	1 to 6 months	
0	Less than 30 days	

Part C.	**Answer Part C ONLY if Part B is Less than 1 year**	
If homeless now, have you experienced periods of homelessness at least 4 times in the past 3 years?		
1	Yes	
0	No	
Section 2 Total:		

Coordinated Entry Vulnerability Assessment Tool

Section 3: Income/Employment		
In this section choose only ONE answer in each Part		
Part A.	Do you have a steady income?	
4	No Income	
2	Some income, not stable, insufficient to afford unsubsidized housing	
1	Income from mainstream benefits, insufficient to afford unsubsidized housing	
0	Income from employment or mainstream benefits, sufficient to afford unsubsidized housing	

Part B.	Do you have a job?	
5	No, I can't work due to disability	
4	No, I have significant barriers e.g. language barrier, no childcare, no transportation, etc.	
2	Yes, but only a few hours a week and sometimes there is no work available/ No, but seeking a job	
1	Yes, I have a disability but work limited hours to supplement SSI/SSDI income	
1	Yes, I work part-time and have regular hours	
0	Yes, I work full-time	
Section 3 Total:		

Section 4: Mental Health/Substance Abuse		
In this section choose only ONE answer in each Part		
Part A.	Have you been diagnosed with a mental illness?	
3	Yes, I am not currently being treated for it	
2	Yes, I am under a doctor's care but I don't always take my medications / follow their instructions	
1	Yes, I am under a doctor's care and take my medication / follow the doctor's instructions	
0	No I do not have a mental illness	

Part B.	Please tell us if you have a history of substance use disorder (SUD)	
4	Yes and I am currently using alcohol or drugs and not in recovery	
3	Yes, but I have been in recovery for less than 6 months	
2	Yes, but I have been in recovery for 6 months to 1 year	
1	Yes, but have been in recovery for more than 1 year	
0	I do not have a substance abuse problem	

Check the box if you wish to be referred **ONLY** to programs providing substance abuse services

Part C.	Please tell us if you have overdosed on drugs or alcohol.	
2	I have had an overdose (OD) or alcohol poisoning within the past 12 months.	
Section 4 Total:		

Coordinated Entry Vulnerability Assessment Tool

Section 5: Physical Health		
In this section choose only ONE answer in each Part		
Part A.	Do you have any chronic health conditions?	
3	Yes, I am not currently being treated for it/them	
2	Yes, I am under a doctor's care but I don't always take my medications / follow their instructions	
1	Yes, I am under a doctor's care and take my medication / follow the doctor's instructions	
0	No I do not have a chronic health condition	

Part B.	Do you have trouble getting around due to a chronic health condition?	
3	Yes, I am in a wheelchair	
2	Yes, I depend on a cane / crutches for mobility	
1	Yes, I can walk a short distance without assistance, but with difficulty	
0	No, I don't have any trouble getting around	

Part C.	Have you ever been diagnosed with HIV/AIDS? (We are only asking you this question as some programs are specifically for people living with HIV/AIDS and we want to know if you are eligible for them.)	
2	Yes	
0	No	

Part D.	How many times have you visited a hospital emergency room in the past 12 months?	
3	10 or more times	
2	5 to 9 times	
1	1 to 4	
0	I have not gone to the emergency room in the past 12 months	

Section 5 Total:	
-------------------------	--

Section 6: Sexual Orientation/Gender Identity		
Do you identify as LGBTQ?		
2	Yes	
0	No	

Section 6 Total:	
-------------------------	--

Total Vulnerability Score:	
-----------------------------------	--

Coordinated Entry Vulnerability Assessment Tool

Section 7: Any Further Comments

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Under federal and state law the Massachusetts Department of Housing and Community Development does not discriminate on the basis of race, color, sex, sexual orientation, gender identity, national origin, religion, creed, age, disability, familial status, children, marital status, military/veteran status, receipt of public assistance/housing subsidy, ancestry, and genetic information. To file a complaint of discrimination, you may contact the Associate Director, Division of Housing Stabilization, DHCD, 100 Cambridge St., 4th Floor, Boston, MA 02114, tel. (617) 573-11370, TTY (617) 573-1140 for the deaf or hard-of-hearing.

**MA BALANCE OF STATE CONTINUUM OF CARE COORDINATED ENTRY SYSTEM FOR HOMELESS SERVICES
 CONSENT TO PARTICIPATE IN A SCREENING AND
 AUTHORIZATION TO SHARE PROTECTED HEALTH INFORMATION**

Participant First Name	Participant Last Name	DOB (mm/dd/yyyy)
Interviewer's Name and Title	Interviewer's Organization	Date of Interview

We are asking you to participate in an interview and screening to enable us to share information about you with the Massachusetts Balance of State Continuum of Care (the **CoC**) for the purpose of enrolling you in the CoCs Coordinated Entry System.

Information about the Coordinated Entry System for Homeless Services: In the Massachusetts Balance of State Continuum of Care, homeless services, transitional housing, and other homeless resources are accessed through the Coordinated Entry System administered by the CoC. Services and housing in the CoC are prioritized for individuals and families who have been homeless for long period of time and have high service needs. The Coordinated Entry System allows for speedy matching of homeless individuals with the most appropriate housing resources. In addition to housing, supportive case management services are available to help individuals get the services they may need, such as primary health care, substance use treatment, and substance abuse recovery support services, to successfully stay in housing.

The CoC is a collaborative of state, county and local government agencies, social service providers, housing agencies, businesses, law enforcement and other organizations that serve homeless and formerly homeless persons in the Area. **Attached to this Authorization is a list of organizations that are currently members of the Network.** The organization conducting the interview is a member of the CoC. The CoC membership may change over time. **At any time you may ask for a complete list of participating members by contacting the CoC at (617) 573-1390.**

Screening: With your authorization, you will be interviewed today about your health and housing for the purpose of entering you into the CoC Coordinated Entry System. This should take about 20-30 minutes. You will be asked questions about your substance use, about your medical and mental health issues, about where you have lived and worked, and about any involvement with the criminal justice system. Most of the questions only require a “yes” or “no”. Some questions require one-word answers.

Participation is Voluntary: Participation in the screening and the CoC Coordinated Entry System are completely voluntary. If you decide not to participate in the screening or to sharing your information, those decisions will: (1) not impact the services you may be receiving from the organization wanting to conduct your interview today; or (2) prevent you from participating in the Coordinated Entry System, but the ability of the Coordinated Entry System to help you will be substantially limited. To participate in the Coordinated Entry System without participating in the screening, contact the CoC at **(617) 573-1390** or by writing to Karla.Sordia@state.ma.us

If you agree to participate in the interview, you may ask to take a break or stop the interview at any time. If at any point you do not understand what is being asked, let the interviewer know and they will help you.

Enrollment in to the Coordinated Entry System - Who Will Be Receiving the Information from the Interview: With your authorization, the information collected from the interview will be enroll you into CoC Coordinated Entry System, determine your eligibility for various housing programs, and make referrals for other services on your behalf.

Important Rights and Other Information You Should Know.

- You may revoke your authorization to share the information with the CoC at any time by contacting the CoC at (617) 573-1390. If you revoke this authorization, the revocation will not apply to information that has already been used or disclosed.
 - You may stop your participation in the Coordinated Entry System at any time by contacting the CoC at (617) 573-1390.
 - The information shared with the CoC based on this authorization may be re-disclosed and may no longer be protected by federal or state privacy laws. Not all organizations and persons have to follow these laws.
 - You have a right to a copy of this authorization once you have signed it. To obtain a copy, please ask the person who is interviewing you or contact the CoC at **(617) 573-1390**.
-

SIGN BELOW IF AGREEING TO BE INTERVIEWED AND TO SHARING YOUR INFORMATION

I have read (or have been read) the authorization and I agree to and understand the following:

1. My responses to this interview, which consists solely of the completion of the Assessment Tool that is attached to this authorization, namely, the Coordinated Entry Vulnerability Tool. The last 4 digits of my Social Security number, collected for identification purposes, will be shared by the Interviewer with the CoC and the referral agency.
2. My participation in this interview and the Coordinated Entry System does not guarantee that I will be eligible for a service or program, such as a housing program. I understand that if I am eligible for a service or program, it does not guarantee that I will receive them.
3. The information I provide in the interview is true and complete to the best of my knowledge. I understand that the information I provide may be verified.
4. This authorization will remain in effect until it is otherwise revoked or terminated.

My signature (or mark) below indicates that I have read (or have been read) and agree to the statements above and I agree to be interviewed and for my information to be shared with the Network. It also indicates that I have received a copy of this Authorization Form.

Date

Signature (or mark) of Participant

Signature of Interviewer

IMPORTANT: The additional Authorization for Release of Confidential Information for Individuals and Families with Histories of Substance Use Disorders, which is below, needs to be completed for the entry of any drug or alcohol information in the Balance of State Coordinated Entry System or the release of such information to the Network.

List of Organizations that make up the Massachusetts Balance of State Continuum of Care

Action for Boston Community Development (ABCD)
Advocates Inc.
Bay Cove
Boston Community Capital
Bread of Life
Brookline Community Mental Health Center
Brookline Housing Authority
Cambridge Health Alliance (CHA)
CAPIC Chelsea
Caritas Communities
CHA/Everett Community Health
Commonwealth Land Trust
Community Health Link
Community Service Network
Community Teamwork Inc. (CTI)
Massachusetts Department of Housing and Community Development (DHCD)
Massachusetts Department of Mental Health (DMH)
Massachusetts Department of Public Health (DPH)/Bureau of Substance Abuse (BSAS)
Massachusetts Department of Veterans Services (DVS)
Massachusetts Department of Children and Families (DCF)
Eliot Community Human Services
Emmaus
Father Bills & Mainspring
Family Promise Metrowest
Greater Lawrence Community Action
HAP Housing
Hallmark Health
HarborCOV
Heading Home
HomeStart
Housing Families
Just – A - Start
Justice Resources Institute Inc.
Massachusetts Housing and Shelter Alliance (MHSA)
Merrimac Valley YMCA
Metropolitan Boston Housing Partnership (MBHP)
Middlesex Human Service Agency including Bristol Lodge
Navicore Solutions
New England Communities, Inc.
North Charles, Inc.
North Shore Community Action Program
Pine Street Inn
Psychological Center
Resources for Communities and People (RCAP)
Seven Hills Behavioral Health
South Middlesex Opportunity Council (SMOC)
South Shore Housing Development Corporation
The Neighborhood Developers
The Second Step
Veterans Administration
Veterans Inc.
Veterans Northeast Outreach Center
Vinfen
Wayside Youth
Youth Harbors
YWCA of Greater Lawrence

COORDINATED ENTRY SYSTEM BALANCE OF STATE CONTINUUM OF CARE

CONSENT TO PARTICIPATE AND AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION FOR INDIVIDUALS AND FAMILIES WITH HISTORIES OF SUBSTANCE USE DISORDERS

ABOUT THE COORDINATED ENTRY SYSTEM

You are invited to participate in the Coordinated Entry System of the Balance of State Continuum of Care (BoS CoC). The BoS CoC is funded by the federal Department of Housing and Urban Development (HUD) through the Massachusetts Department of Housing and Community Development (DHCD). The purpose of the BoS CoC is to establish and maintain HUD-funded housing programs for Homeless and Chronically Homeless individuals and families within its geographical area (most of Suffolk, Middlesex, and Norfolk counties). The purpose of the Coordinated Entry System is to identify Homeless and Chronically Homeless individuals and families and to place them in housing as quickly as possible. If you choose to participate in the BoS CoC Coordinated Entry System administered by DHCD, you will be assisted to find appropriate housing as quickly as possible. You will be offered Supportive Case Management services along with the housing to help you find and keep the services you need, such as primary health care, substance abuse treatment, and substance abuse recovery support services, to stay in the housing successfully.

Your participation in the Coordinated Entry System is strictly voluntary.

You do not have to take part in this program. If you do take part in this program, you can leave the program at any time. If you decide to participate in this program, then information about you will be collected so the program can help place you in housing. With your permission, your information will be shared only with organizations that will help find you a place to live. If you do not give your permission to share your information, you can still participate in the Coordinated Entry System, but that will limit the amount of help the Coordinated Entry System will be able to give you.

COLLECTION AND USE OF INFORMATION

SCREENING AND ASSESSMENT

With your permission, the Coordinated Entry System worker will do a face-to-face interview with you to help find out which housing programs fit your needs. That worker will ask questions about your substance use, about your medical and mental health issues, about where you have lived and worked, and about any involvement with the criminal justice system.

42 CFR PART 2 REQUIREMENTS

When the Coordinated Entry System collects information on you, the government requires that information to be protected. When that information includes information about substance abuse, a diagnosis of substance use disorder, or treatment for substance use disorder, then there are special requirements to protect your substance-use information. Those special requirements are described on the next page. Your information can be shared with other organizations only with your permission. It will be used only to help place you in housing. To do that, your information will be entered into DHCD's Coordinated Entry System's data system. If you consent, we would like you also to provide us with the name, address, and phone number of another individual who will know how we can get in touch with you.

We take steps to protect the privacy and the security of the information collected about you. Information regarding substance use and treatment collected about you for the BoS CoC Coordinated Entry System is protected under federal laws: Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (45 CFR Parts 160 & 164). Your information cannot be shared without your permission, unless otherwise permitted by those laws.

I, _____,
(Print the name of the person giving consent to this release of information on the line above)
have read and fully understand this consent form and I wish to participate in the BoS CoC Coordinated Entry System.

I agree to the following:

- I authorize the BoS CoC Coordinated Entry System to do screening and assessment in order to refer me to appropriate housing programs;
- I understand that the BoS CoC Coordinated Entry System is required to collect information and enter that information into DHCD's Coordinated Entry System's data system; I agree to allow the BoS CoC Coordinated Entry System to collect my information and enter it into DHCD's Coordinated Entry System's data system;
- I also agree to provide my contact information and the contact information of someone else who will know how to get in touch with me for follow-ups and referrals to appropriate housing programs;
- I understand my information and records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (45 CFR Parts 160 & 164); I understand my information cannot be shared without my written consent unless otherwise provided for in the laws and regulations;
- I agree information about my substance use disorder can be released and shared with the designated staff persons at the Coordinated Entry System and at one or more of the following organizations only to the extent that information is necessary for the referral System to housing programs appropriate for me:
 - Bay Cove Human Services/Kit Clark Senior Services;
 - High Point/SEMCOA;
 - The Institute for Health and Recovery;
 - Massachusetts Sober Housing Corporation;
 - South Middlesex Opportunity Council;
- I understand that I may cancel this consent at any time, except to the extent that action has been taken in reliance on it. I also understand that, in any event, this consent automatically expires 90 days upon the completion of my participation in the BoS CoC Coordinated Entry System. If I decide to cancel this consent before the automatic expiration date, I can do so by contacting the CoC Grants Coordinator at DHCD at:
1-617-573-1390.

I acknowledge that I have received a copy of this consent-to-release-information form.

Participant's Signature

Date

Staff Person's Signature

Date

Staff Person's Printed Name and Title: _____

Optional Contact Information: I authorize the CoC to contact the person whose contact information I have provided below who will know how to get in touch with me for follow-ups and referrals to appropriate housing programs.

Print Name: _____

Print Address: _____

Phone Number: _____

Email Address: _____

**Balance of State Continuum of Care Coordinated Entry System
Housing Preference Form**

Participant First Name	Participant Last Name	DOB (mm/dd/yyyy)
Interviewer's Name and Title	Interviewer's Organization	Date of Interview

This form will accompany your CE vulnerability and release forms to help us better understand what your housing needs and preferences are. The Balance of State Continuum covers a large geographic area and we understand that for you to be close to your support systems, some communities will work better for you than others. We also understand that some people may have communities that they cannot live in. Please check the box next to any community in which you could live and be close to your support systems. When doing so, remember that choosing fewer towns will decrease your housing opportunities, but it will not affect your standing on the referral list.

- | | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Acton | <input type="checkbox"/> Dover | <input type="checkbox"/> Medford | <input type="checkbox"/> Stoughton |
| <input type="checkbox"/> Ashby | <input type="checkbox"/> Dracut | <input type="checkbox"/> Medway | <input type="checkbox"/> Stow |
| <input type="checkbox"/> Ashland | <input type="checkbox"/> Dunstable | <input type="checkbox"/> Melrose | <input type="checkbox"/> Sudbury |
| <input type="checkbox"/> Avon | <input type="checkbox"/> Everett | <input type="checkbox"/> Millis | <input type="checkbox"/> Tewksbury |
| <input type="checkbox"/> Ayer | <input type="checkbox"/> Foxborough | <input type="checkbox"/> Milton | <input type="checkbox"/> Townsend |
| <input type="checkbox"/> Bedford | <input type="checkbox"/> Framingham | <input type="checkbox"/> Nahant | <input type="checkbox"/> Tyngsboro |
| <input type="checkbox"/> Bellingham | <input type="checkbox"/> Franklin | <input type="checkbox"/> Natick | <input type="checkbox"/> Wakefield |
| <input type="checkbox"/> Belmont | <input type="checkbox"/> Groton | <input type="checkbox"/> Needham | <input type="checkbox"/> Walpole |
| <input type="checkbox"/> Billerica | <input type="checkbox"/> Holbrook | <input type="checkbox"/> Newton | <input type="checkbox"/> Waltham |
| <input type="checkbox"/> Boxborough | <input type="checkbox"/> Holliston | <input type="checkbox"/> Norfolk | <input type="checkbox"/> Watertown |
| <input type="checkbox"/> Braintree | <input type="checkbox"/> Hopkinton | <input type="checkbox"/> Norwood | <input type="checkbox"/> Wayland |
| <input type="checkbox"/> Brookline | <input type="checkbox"/> Hudson | <input type="checkbox"/> Pepperell | <input type="checkbox"/> Wellesley |
| <input type="checkbox"/> Burlington | <input type="checkbox"/> Lawrence | <input type="checkbox"/> Plainville | <input type="checkbox"/> Westford |
| <input type="checkbox"/> Canton | <input type="checkbox"/> Lexington | <input type="checkbox"/> Randolph | <input type="checkbox"/> Weston |
| <input type="checkbox"/> Carlisle | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Reading | <input type="checkbox"/> Westwood |
| <input type="checkbox"/> Chelmsford | <input type="checkbox"/> Littleton | <input type="checkbox"/> Revere | <input type="checkbox"/> Winchester |
| <input type="checkbox"/> Chelsea | <input type="checkbox"/> Malden | <input type="checkbox"/> Sharon | <input type="checkbox"/> Winthrop |
| <input type="checkbox"/> Cohasset | <input type="checkbox"/> Marlborough | <input type="checkbox"/> Sherborn | <input type="checkbox"/> Woburn |
| <input type="checkbox"/> Concord | <input type="checkbox"/> Maynard | <input type="checkbox"/> Shirley | <input type="checkbox"/> Wrentham |
| <input type="checkbox"/> Dedham | <input type="checkbox"/> Medfield | <input type="checkbox"/> Stoneham | |

We also know that people do better in different types of housing. Please check the box for those types of housing that you believe will be successful for you.

- SROs
 Congregate
 Clustered units
 Scattered Site

Rapid Rehousing helps with rent, security deposit and other financial needs as well as supportive services to help people enter into an apartment. Both the financial assistance and supportive services end within six months of entering the apartment. Check the box if you would be interested in Rapid Rehousing

Finally, we know that some people have very specific needs related to their disabilities. Please check if you need any of the following:

- | | |
|---|--|
| <input type="checkbox"/> Handicapped Accessible Unit | <input type="checkbox"/> First Floor unit |
| <input type="checkbox"/> Devices for the hearing Impaired | <input type="checkbox"/> Devices for the Visually Impaired |

The ranking and review process and the results of that process were posted on the Continuum of Care's webpage. Evidence of its posting:

The screenshot shows a PDF document titled "MA Balance of State CoC Rating and Review Procedures FFY 2018". The document is displayed in a web browser window. The address bar shows the URL: <https://www.mass.gov/files/documents/2018/08/30/MABalanceofStateCoCProcedures%202018.pdf>. The document content includes the following text:

MA Balance of State CoC Rating and Review Procedures

FFY 2018

Formerly, the Ranking and review committee was composed of staff from the MA Department of Housing and Community Development (DHCD) who is the Collaborative Applicant, provider staff from across the CoCs geographic area, CoC project provider staff from outside the geographic area, a representative of one of the CoC's housing authorities and a representative from a private property developer. This resulted in the committee being very large and unable to act nimbly at the time of ranking, resulting in being unable to reduce the number of recommendations to the advisory board to a manageable number.

At the direction of the Advisory board, and through amendment of the governance charter on September 28th, 2017, the Ranking and Review Committee was broken into two smaller, task oriented subsets. The first, larger subset are ranking groups, whose role is to use the objective criteria based project evaluation scoring tool and identify scores for each proposed project. The second subset, known as the Project Evaluation Committee, uses the scores presented by the ranking groups to order the projects into rankings. This includes a series of objective measures to break ties for projects receiving the same scores as well as to consider any outliers that should be considered. The Project Evaluation Committee makes recommendations for the final ranking to the Advisory Board, who has final authority.

Separately, but also at the direction of the Advisory Board, the Admin committee worked with the newly formed Project Evaluation Committee to substantially revise the ranking tool to one based entirely in objective, measurable criteria, and that provided advantages in ranking for projects that served more

The screenshot also shows a red arrow pointing to the bottom right corner of the document page, and a red circle around the URL in the address bar.

The posting was advertised on Twitter. Evidence of that advertisement:

MA-516 **MA BoS CoC**
@MABOSCO

Following

The Balance of State's ranking process has been completed. We are pleased to announce the list of projects to be included in our response this year at



Continuum of Care Programs (COC)

A Continuum of Care (CoC) is a regional or local planning body that coordinates housing and services funding for homeless families and individuals.

mass.gov

10:17 AM - 31 Aug 2018



The actual document as posted can be found below:

MA Balance of State CoC Rating and Review Procedures

FFY 2018

Formerly, the Ranking and review committee was composed of staff from the MA Department of Housing and Community Development (DHCD) who is the Collaborative Applicant, provider staff from across the CoCs geographic area, CoC project provider staff from outside the geographic area, a representative of one of the CoC's housing authorities and a representative from a private property developer. This resulted in the committee being very large and unable to act nimbly at the time of ranking, resulting in being unable to reduce the number of recommendations to the advisory board to a manageable number.

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Separately, but also at the direction of the Advisory Board, the Admin committee worked with the newly formed Project Evaluation Committee to substantially revise the ranking tool to one based entirely in objective, measurable criteria, and that provided advantages in ranking for projects that served more vulnerable people, consistently maintained regulatory compliance, and had positive housing outcomes for their participants. The tool was carefully vetted with the provider community via the large planning group meetings on 11/1/17, 12/6/17, and 1/3/18. Incorporating the feedback from those sessions, the final version of the tool was rolled out to the entire provider community in the planning group meeting on 2/7/18. A sample version of the form can be found at the end of this document.

Project Applications and most recent APRs were due to DHCD no later than 3:00 pm on August 10th. Project ranking relied entirely on Project Applications, APRs and monitoring reports from DHCD. Those reports were packaged with the ranking tool and distributed to the small ranking groups who worked independently to score the projects assigned to them. The small groups submitted final scores to the DHCD Federal Grants Manager by August 24th

On August 27th, the Project Evaluation Committee met again to review the projects as a whole and to assign ranking. Rankings were initially assigned by raw score. In the event of a tie, permanent housing projects were ranked above transitional housing projects which were ranked above supportive services only projects. In the cases where ties within project type existed, renewals were ranked above new projects. In the cases where ties existed within renewal projects of the same project type, projects were ranked in descending order from that serving the greatest number of persons to that serving the least number of persons.

After careful consideration, the group prepared a recommendation to the Advisory Board to alter the ranking of the projects. They offered two specific recommendations, one of which was, "Move new projects (excepting the HMIS expansion project) to the bottom of Tier two in the order RFR scoring, and in doing so, preserve already existing housing and services resources."

On August 29th, the Advisory Board met and adopted the Ranking and Review Committee's recommendation as written above.

The final ranking of the projects looks like this, with Tier two projects flanked in Yellow and the project that straddles both tiers flanked in gold. New proposals have ranking and components highlighted in blue.

Rank	Project Name	Component
1	1043-45 Beacon Street Project	PSH
2	Julie House	PSH
3	Watertown Supported Housing	PSH
4	Metrowest SH	PSH
5	Waltham Supported Housing	PSH
6	Journey to Success	PSH
7	JRI Supported Housing - Hope for Families Program	PSH
8	Supportive Occupant Services	PSH
9	YWCA Fina House Project	PSH
10	Disabled Family Leasing	PSH
11	Watertown Waltham Rental Assistance for the Chronically Homeless	PSH
12	Vietnam Veterans Workshop S+C	PSH
13	Newton I SH	PSH
14	Tri-City Stepping Stones	PSH
15	NEW BEGINNINGS	PSH
16	Corley's	PSH
17	Community Housing S+C	PSH
18	Greater Boston Tenant Based S+C	PSH
19	Chelsea-Revere Homeless to Housing	PSH
20	Brookside Terrace S+C	PSH
21	Community Housing Initiative	PSH
22	North East Scattered Site Tenancy (NESST)	PSH
23	LINCOLN ST	PSH
24	Proyecto Opciones	PSH
25	Home Rise (1st year)	PH (RRH)
26	TSS TH-RRH (DV) (Component Conversion)	Joint TH/RRH
27	North Star Housing (Not yet started)	PSH
28	SMOC Metrowest Permanent Supported Housing (1st year)	PSH
29	Housing Pronto (Not yet started)	PSH
30	HMIS Continuous Quality Improvement	HMIS
49	HMIS Continuous Quality Improvement Expansion (New Administrative)	HMIS
31	Greater Boston Mobile Stabilization Team	SSO
32	BHA Brookline Rental Assistance for the Chronically Homeless	PSH
33	Newton II SH	PSH
34	Tri-City Homeless to Housing	PSH
35	Scattered Site Transitional Apartment Project	TH
36	METROWEST LEASED HOUSING	PSH
37	Bedford Veterans Quarters	PSH
38	Tri-City Rental Assistance	PSH
39	Aggressive Treatment and Relapse Prevention Program (ATARP)	PSH
40	HOAP S+C	PSH
41	Post-Acute Treatment Services / Pre-Recovery Services (PDPR)	PSH
42	Home Again / Fresh Start	PSH
43	Oxford House	PSH
44	Greater Boston Sponsor Based S+C	PSH
45	Project Home S+C	PSH
46	Brookline SHP Leasing	PSH
47	Tri-City Housing Now Expansion	PSH
48	Youth Transition to Independent Living Program	TH
50	Second Step - TSS TH-RRH Expansion - TBRA (New - DV)	Joint TH/RRH
51	Young Parent PSH (New)	PSH
52	SMOC - SMOC VAV RRH - TBRA (New - DV)	RRH
53	Mystic Valley RRH - TBRA (New)	RRH

Sample Tool

Project name:				
Grant Number:	MA0240L1T161710			
Project Type	PH	74		
Last Year's Grant \$	\$748,744			
Total Units	55			
Threshold Criteria				
A. Does the Project Participate in Coordinated Entry?	Yes			
B. Has the project documented minimum match?	Yes			
C. Is the Applicant an Active CoC member?	N/A			
D. Is the Application Complete with consistent data?	Yes			
Performance Measures				
<u>1. Permanent Housing Outcomes</u>				
1a. Total # of Stayers in the last reporting period				44
1b. Total Persons Exiting				9
1c. Total Persons exiting to Positive Outcomes				5
1d. Total Persons excluded from outcome				0
1e. % of participants successful in this measure	92%			20
<u>2. Total Households Served</u>				
2a. Number of Households Served				49
2b. Number the project is supposed to have				55
2c. % of households served to those proposed	89%			5
<u>3. Persons Served over time</u>				
3a Enter number of Beds Proposed				55
3a. Enter number of participants served on the last day in January				40
3b. Enter number of participants served on the last day in April				40
3c. Enter number of participants served on the last day in July				45
3d. Enter number of participants served on the last day in October				46
3e. Average % of participants served over time	78%			0
Serving Vulnerable Persons				
<u>4. Prioritizing Chronic Homelessness: The project is designated in the application as:</u>				
	Dedicated Plus			10
<u>5. Coordinated Assessment Scores</u>				
5a. Average Coordinated Entry System Score				23
5b. Project Average Coordinated Entry Score				34
5c. % of project average vs system average	148%			10
<u>6. Does the project exclusively serve unaccompanied youth or those fleeing Domestic violence?</u>				
			No	0
<u>7. Does the Project meet the threshold for "Housing First"?</u>				
			No	0
Fiscal				
8. Project's billing was submitted on time?	Consistently on Time			5
<u>9. Reversions</u>				
9a. Is this a rental assistance project (AKA as Shelter Plus care?)	No			0
9b. Are we measuring for the first complete grant year?				
The last two digits of the grant number:	10			FALSE
9c. Amount of Grant Funds Spent	\$534,743	Reverted:	\$214,001	40%
9d. % of funds reverted	More than 15%			0
Compliance				
<u>10. Data Quality: 1 point for each universal data element with <10% null. Elements include last name, social security number, date of birth, race, ethnicity, gender, veteran status, disabling condition, project entry date, and client location</u>				
	9			9
11. APR submitted to DHCD on time - 30 days after the close of the grant?	No			0
12. APR submitted to HUD on time - 90 days after the close of the grant?	Yes			5
12a. Was the most recent APR reviewed buy HUD rejected by them?	No			0
13. Monitoring Score?	No findings and no concerns			10
Total				74



Commonwealth of Massachusetts

DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT

Charles D. Baker, Governor ♦ Karyn E. Polito, Lt. Governor ♦ Chrystal Kornegay, Undersecretary

MA-516 Reallocation Process

Projects may be reallocated two possible reasons:

- Chronic underperformance
- The project is determined that it no longer meets the needs of the homeless persons residing within the continuum

The process for deciding to reallocate is different for each of the two reasons.

Chronic Underperformance:

CoC projects are monitored by Collaborative Applicant staff in a number of ways.

In response to HUD's requirement that all projects be ranked in order of project priority for each year's application process, DHCD has incorporated a project ranking process into our monitoring. The ranking is conducted by a committee made up of staff from the MA Department of Housing and Community Development (DHCD), provider staff from across the CoC's geographic area, provider staff from outside the geographic area, a representative of one of the CoC's housing authorities and a representative from a private property developer. Incorporated into that ranking process is a review of several important factors that may, when taken together, indicate underperformance. Those factors include:

- Performance outcomes
 - Accessing mainstream benefits
 - Housing outcomes
 - Maintaining and/or increasing income
- Effective and efficient use of grant funds
- Use of funds to serve vulnerable or difficult to serve populations
- Regular and timely use of project funds.
- Regulatory compliance as discovered during the annual monitoring by the collaborative applicant.
- Timely completion of reports

When these processes result in a project being repeatedly found to be underperforming, the Continuum offers technical assistance. If performance issues continue, the continuum may choose to select a different subrecipient. Finally, if a different subrecipient is not able to take on the project, or is not able to improve the project's performance, the Continuum, via a decision by the Advisory Board, may decide to reallocate the project's funds.

Project No Longer Needed:

There are two possible ways in which the project may be determined as no longer adequately meeting the needs of the CoC and its people.

- The sub-recipient or service provider identifies this and requests reallocation.
 - Occasionally, a project model is no longer effective, or better practices have become evident. A subrecipient may identify this internally and return the project to the CoC for reallocation. This process does not guarantee that the subrecipient will prevail in a procurement process for a new project.
- The continuum identifies this and requires reallocation.
 - The continuum conducts an annual gaps analysis as well as ongoing needs assessments. All projects are subject to reallocation should the analysis and assessment indicate that they are no longer required. Alternatively, occasionally project subrecipients, in conjunction with the Collaborative Applicant may self-identify that they are having difficulty keeping at capacity and request a reduction in their budgets to allow for partial reallocation. Alternatively the subrecipients and Collaborative Applicant may also decide to reallocate a project in its entirety if they determine the participants are better served by doing so.
 - Once the project has been slated for reallocation, the subrecipient (who has been involved in the discussions all along) is formally notified in writing.

If the continuum has decided to reallocate a project for either of the above reasons, new projects will be identified using the standard procurement process which includes public posting of a request for proposals or concept papers, objective and transparent review of proposals and selection of proposals based on consistency with HUD requirements, continuum needs and the respondent's ability to implement and successfully manage the proposed project.

PLEASE NOTE: The CoC reallocated two projects this year. Kaszanek House was offered for reallocation by the service provider. Washington Street missed the CoC project deadline and, while they eventually submitted an application, it was rejected because they attempted, at the last minute, to submit as themselves as the grantee. The funds from that renewal project were reallocated and incorporated into an already submitted new proposal

Calkins, Gordon (OCD)

From: Calkins, Gordon (OCD)
Sent: Friday, August 31, 2018 10:36 AM
To: 'carla.richards@bostonabcd.org'; 'josh.young@bostonabcd.org'; 'richard.matos-haile@bostonabcd.org'; 'tabitha.gaston@bostonabcd.org'; 'alexia.laynelomon@bostonabcd.org'; 'jgrasberger@advocatesinc.org'; 'jim@allthingshomeless.com'; Mahan, Nancy; 'kmchugh@bostoncommunitycapital.org'; 'cechevarria@bhchp.org'; 'daycinen@bhchp.org'; 'egold@bhchp.org'; 'tfeagley@gmail.com'; 'cindyprice@brooklinecenter.org'; 'ianlang@brooklinecenter.org'; 'Kanter, Laura'; 'chernandez@brooklinehousing.org'; 'mbaronas@brooklinehousing.org'; 'jam_cando@msn.com'; 'amaldonado@capicinc.org'; 'chavey@capicinc.org'; 'mwinkeller@caritascommunities.org'; 'TNe@caritascommunities.org'; 'krobrien@challiance.org'; 'connie@chelmsfordha.com'; 'AAckroyd@childrensfriend.net'; 'carolyn.lightburn@ci.everett.ma.us'; 'adacosta@cityoflawrence.com'; 'sfink@cityoflawrence.com'; 'khayes@cityofmalden.org'; 'nrobinson@newtonma.gov'; 'rpowers@newtonma.gov'; 'amason@city.waltham.ma.us'; 'dflanagan@city.waltham.ma.us'; 'jshirley@city.waltham.ma.us'; 'abrowder@commonwealthlandtrust.org'; 'etan@commonwealthlandtrust.org'; 'mbrown@commonwealthlandtrust.org'; 'swilkins@commonwealthlandtrust.org'; 'director@communitydaycenter.org'; 'ebenezer.iving.forbes@gmail.com'; 'O'Connell, Christine'; 'jboilard@communityhealthlink.org'; 'brynadavis@csninc.org'; 'chowell@commteam.org'; 'mcollins@commteam.org'; 'kross@commteam.org'; 'jane.banks@state.ma.us'; 'elisa.bresnahan@state.ma.us'; 'gordon.calkins@state.ma.us'; 'ita.mullarkey@state.ma.us'; 'Joanna.Bowen@state.ma.us'; 'kelly.schlabach@state.ma.us'; 'Ditzah.Wooden-Wade@MassMail.State.MA.US'; 'melissa.mcwhinney@state.ma.us'; 'Tamara.Fahey@state.ma.us'; 'christopher.zabik@state.ma.us'; 'david.tagliaferri@state.ma.us'; Comeau, Gary N. (DMH); Chasse, Jeffrey (DMH); 'joseph.vallely@state.ma.us'; Clougherty, Kim (DMH); 'mark.bilton@state.ma.us'; 'Cheryl.Kennedy-Perez@State.MA.US'; 'Stephen.OKeefe@State.MA.US'; 'CMakrinikolas@massgov.mail.onmicrosoft.com'; 'dbrennan@state.ma.us'; 'emily.cooper@state.ma.us'; 'leslie@emmausinc.org'; 'Director@familypromisemetrowest.org'; 'aconnolly@helpfbms.org'; 'Irogers@helpfbms.org'; 'efriedman@glcac.org'; 'jcarter@glcac.org'; 'm.martinez@glcac.org'; 'edern@hallmarkhealth.org'; 'claudia@harborcov.org'; 'Kourou@harborcov.org'; 'lynn@harborcov.org'; 'dferrier@headinghomeinc.org'; 'lkaplan@headinghomeinc.org'; 'dparilla@headinghomeinc.org'; 'mantelo-ovando@headinghomeinc.org'; 'jeaton@heroinpreventionmass.org'; 'cain@homestart.org'; 'lrosi@housingfamilies.org'; 'asagarin@housingfamilies.org'; 'kfacchini@housingsolutionssema.org'; 'Stephanie.j.harrington@hud.gov'; 'Samantha.Graves@hud.gov'; 'elizabethwinston@justastart.org'; 'sbuoncuore@jri.org'; 'aekrapf@aol.com'; 'Linn.torto@state.ma.us'; 'naniebonner202@gmail.com'; 'krozzi@mvyca.org'; 'kdesbois@mvyca.org'; 'makennacampbell@mvyca.org'; 'cburbridge@mhsa.net'; 'kwild@mhsa.net'; 'mregueiro@mhsa.net'; 'apoirier@mhsainc.org'; 'gsears@mhsainc.org'; 'akishbaugh@mhsainc.org'; 'sburman@navicoresolutions.org'; 'sean.terry@nechv.org'; 'courtney.hunt@nechv.org'; 'marc@neci-housing.com'; 'norfolkha@verizon.net'; 'debbier@northcharles.org'; 'angela.giordano@pinestreetinn.org'; 'april.stevens@pinestreetinn.org'; 'Larry.Seamans@pinestreetinn.org'; 'maria.davis@pinestreetinn.org'; 'Ralph.Hughes@pinestreetinn.org'; 'deb@reachma.org'; 'cmimoso@sevenhills.org'; 'jimc@smoc.org'; 'karmenoff@smoc.org'; 'rwadda@smoc.org'; 'llee@smoc.org'; 'susang@smoc.org'; 'carln-k@southshorehousing.org';

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'kmchugh@bostoncommunitycapital.org'; 'dennism@vinfen.org';
'nsaj@framinghamma.gov'; 'rpowers@newtonma.gov'

Subject: Results of the CoC ranking process

Good afternoon everyone:

Formerly, the Ranking and Review committee was composed of staff from the MA Department of Housing and Community Development (DHCD) who is the Collaborative Applicant, provider staff from across the CoCs geographic area, CoC project provider staff from outside the geographic area, a representative of one of the CoC's housing authorities and a representative from a private property developer. This resulted in the committee being very large and unable to act nimbly at the time of ranking, resulting in being unable to reduce the number of recommendations to the advisory board to a manageable number.

At the direction of the Advisory board, and through amendment of the governance charter on September 28th, 2017, the Ranking and Review Committee was broken into two smaller, task oriented subsets. The first, larger subset are ranking groups, whose role is to use the objective criteria based project evaluation scoring tool and identify scores for each proposed project. The second subset, known as the Project Evaluation Committee, uses the scores presented by the ranking groups to order the projects into rankings. This includes a series of objective measures to break ties for projects receiving the same scores as well as to consider any outliers that should be considered. The Project Evaluation Committee makes recommendations for the final ranking to the Advisory Board, who has final authority.

Separately, but also at the direction of the Advisory Board, the Admin committee worked with the newly formed Project Evaluation Committee to substantially revise the ranking tool to one based entirely in objective, measurable criteria, and that provided advantages in ranking for projects that served more vulnerable people, consistently maintained regulatory compliance, and had positive housing outcomes for their participants. The tool was carefully vetted with the provider community via the large planning group meetings on 11/1/17, 12/6/17, and 1/3/18. Incorporating the feedback from those sessions, the final version of the tool was rolled out to the entire provider community in the planning group meeting on 2/7/18.

Project Applications and most recent APRs were due to DHCD no later than 3:00 pm on August 10th. Project ranking relied entirely on Project Applications, APRs and monitoring reports from DHCD. Those reports were packaged with the ranking tool and distributed to the small ranking groups who worked independently to score the projects assigned to them. The small groups submitted final scores to the DHCD Federal Grants Manager by August 24th

On August 27th, the Project Evaluation Committee met again to review the projects as a whole and to assign ranking. Rankings were initially assigned by raw score. In the event of a tie, permanent housing projects were ranked above transitional housing projects which were ranked above supportive services only projects. In the cases where ties within project type existed, renewals were ranked above new projects. In the cases where ties existed within

renewal projects of the same project type, projects were ranked in descending order from that serving the greatest number of persons to that serving the least number of persons.

After careful consideration, the group prepared a recommendation to the Advisory Board to alter the ranking of the projects. They offered two specific recommendations, one of which was, "Move new projects (excepting the HMIS expansion project) to the bottom of Tier two in the order RFR scoring, and in doing so, preserve already existing housing and services resources."

On August 29th, the Advisory Board met and adopted the Ranking and Review Committee's recommendation as written above.

I am pleased to announce the following projects have been selected for inclusion in the Balance of State CoC's Consolidated Application this year. The chart below list all of the projects that will be included and the order in which they are ranked.

* Reviewer - Because of
the way this printed, the
chart is actually on the following
page

Rank	Project Name	Component
1	1043-45 Beacon Street Project	PSH
2	Julie House	PSH
3	Watertown Supported Housing	PSH
4	Metrowest SH	PSH
5	Waltham Supported Housing	PSH
6	Journey to Success	PSH
7	JRI Supported Housing - Hope for Families Program	PSH
8	Supportive Occupant Services	PSH
9	YWCA Fina House Project	PSH
10	Disabled Family Leasing	PSH
11	Watertown Waltham Rental Assistance for the Chronically Homeless	PSH
12	Vietnam Veterans Workshop S+C	PSH
13	Newton I SH	PSH
14	Tri-City Stepping Stones	PSH
15	NEW BEGINNINGS	PSH
16	Corley's	PSH
17	Community Housing S+C	PSH
18	Greater Boston Tenant Based S+C	PSH
19	Chelsea-Revere Homeless to Housing	PSH
20	Brookside Terrace S+C	PSH
21	Community Housing Initiative	PSH
22	North East Scattered Site Tenancy (NESST)	PSH
23	LINCOLN ST	PSH
24	Proyecto Opciones	PSH
25	Home Rise (1st year)	PH (RRH)
26	TSS TH-RRH (DV) (Component Conversion)	Joint TH/RRH
27	North Star Housing (Not yet started)	PSH
28	SMOC Metrowest Permanent Supported Housing (1st year)	PSH
29	Housing Pronto (Not yet started)	PSH
30	HMIS Continuous Quality Improvement	HMIS
49	HMIS Continuous Quality Improvement Expansion (New Administrative	HMIS
31	Greater Boston Mobile Stabilization Team	SSO
32	BHA Brookline Rental Assistance for the Chronically Homeless	PSH
33	Newton II SH	PSH
34	Tri-City Homeless to Housing	PSH
35	Scattered Site Transitional Apartment Project	TH
36	METROWEST LEASED HOUSING	PSH
37	Bedford Veterans Quarters	PSH
38	Tri-City Rental Assistance	PSH
39	Aggressive Treatment and Relapse Prevention Program (ATARP)	PSH
40	HOAP S+C	PSH
41	Post-Acute Treatment Services / Pre-Recovery Services (PDPR)	PSH
42	Home Again / Fresh Start	PSH
43	Oxford House	PSH
44	Greater Boston Sponsor Based S+C	PSH

We are happy to share the project ranking form with any project that would like to see it. In addition, we're very interested in providing a more comprehensive debriefing with any project that has fall into Tier 2. As you may know, tier 2 is the portion of our application that is at risk of not being funded by HUD.

Finally, this ranking process and the ranking order will be posted on the Balance of Sate CoC's website at <https://www.mass.gov/files/documents/2018/08/30/MABalanceofStateCoCProcedures%202018.pdf>

Gordie

Gordon Calkins
(P) 617-573-1384
Federal Grants Manager
Division of Housing and Stabilization
Department of Housing and Community Development

Please note the change in e-mail address. My new address is Gordon.Calkins@mass.gov

Notifications Outside e-snaps—Projects Rejected or Reduced

The following pages are documentation of notification of project rejections. There were no projects reduced.

Email dated 8/21 with notification of rejection of the Washington Street Renewal project 2

Email dated 7/19 with notification that the potential subrecipient’s response to the RFR was not selected. 3

Letter dated 7/19 that was attached to the email of the same date 4

The sub recipient was provided a debriefing and chose to appeal the procurement team’s decision. The sub recipient submitted project applications in e-snaps in anticipation of the possibility of winning their appeal.

E-mail dated 8/16 with notification that they did not win their appeal 5

Letter dated 8/16 that was attached to the e-mail of the same date 6-9

Email dated 8/31 with final notice that their proposals were being rejected in e-snaps 10



Calkins, Gordon (OCD)

From: Calkins, Gordon (OCD)
Sent: Tuesday, August 21, 2018 4:28 PM
To: Marc Slotnick; Laura Spark (lauragspark@gmail.com)
Cc: Rubin, Roberta (OCD); Banks, Jane (OCD)
Subject: Washington Street renewal project

Good afternoon Marc, Laura, et.al:

I am writing to summarize our conversation this morning about the Washington Street renewal application submitted to the continuum of care on August 17, 2018.

There were several problems with the application, most of which were curable through application amendment and revision process. However in one case, the error is not curable. Specifically, despite instructions to the contrary, and rejecting an offer of guidance, the application was submitted with the service provider listed as the grantee. This was done near the end of the day on the last day possible before HUD's deadline for project application submissions to the CoC. Since making a change in this area would require the submission of an entirely new application, and since the deadline for submitting new applications has passed, the error is not curable.

The project application is being rejected because it was submitted improperly and incurably.

Gordie

Gordon Calkins
(P) 617-573-1384
Federal Grants Manager
Division of Housing and Stabilization
Department of Housing and Community Development

Please note the change in e-mail address. My new address is Gordon.Calkins@mass.gov



Calkins, Gordon (OCD)

From: Calkins, Gordon (OCD)
Sent: Thursday, July 19, 2018 3:26 PM
To: Dowd, Matthew
Cc: Larry Gotlieb (lgottlieb@eliotchs.org)
Subject: Eliot CHS Letter.docx.pdf
Attachments: Eliot CHS Letter.docx

The Department of Housing and Community Development has reviewed your responses to the 2018 Continuum of Care new project request for response (RFR.) I am sorry to inform you that your agency's response for was not selected for an award.

If you have questions about how your response was evaluated, you may request a debriefing per the terms of the RFR within 14 days of this notification. To request a debriefing, please contact me via email only at gordon.calkins@state.ma.us.

We look forward to the possibility of working with you in the future in other ways.

Gordie





Commonwealth of Massachusetts
DEPARTMENT OF HOUSING &
COMMUNITY DEVELOPMENT

Charles D. Baker, Governor ♦ Karyn E. Polito, Lt. Governor ♦ Janelle L. Chan, Undersecretary

July 19, 2018

Matthew Dowd, Director of Contracts Management
Eliot Community Human Services
125 Hartwell Ave.
Lexington MA 02421

Dear Mr. Dowd:

The Department of Housing and Community Development has reviewed your responses to the 2018 Continuum of Care new project request for response (RFR.) I am sorry to inform you that your agency's response for was not selected for an award.

If you have questions about how your response was evaluated, you may request a debriefing per the terms of the RFR within 14 days of this notification. To request a debriefing, please contact me via email only at gordon.calkins@state.ma.us.

We look forward to the possibility of working with you in the future in other ways.

Sincerely,

A handwritten signature in black ink, appearing to read "Gordon Calkins".

Gordon Calkins
Federal Grants Manager

Cc: Kate Markarian
file

4

Calkins, Gordon (OCD)

From: Banks, Jane (OCD)
Sent: Thursday, August 16, 2018 9:42 AM
To: hkorman@kleinhornig.com; lgottlieb@eliotchs.org
Cc: Rubin, Roberta (OCD); Racer, Catherine (OCD); Calkins, Gordon (OCD); Laura Spark; Chan, Janelle (OCD); Kathleen McKenna; Marc Slotnick (marc@neci-housing.com); Alice Krapf (aekrapf@aol.com)
Subject: Appeal Decision
Attachments: Application_of_Eliot_Community_Human_Service_Appeal_Decision_August_8_2018.docx

Good morning All-

I have attached the appeal decision regarding Eliot Community Human Services Continuum of Care, New Project Application

Respectfully,

Jane Banks

Jane Banks
Assistant Undersecretary
Department of Housing and Community Development
Division of Housing Stabilization
100 Cambridge Street, Suite 300
Boston, MA 02114
Office: 617-573-1113
Cell: 857-208-0808
jane.banks@state.ma.us



August 16, 2018

Henry Korman
101 Arch Street
Suite 1101
Boston, MA 02110

RE: Appeal Decision
Application of Eliot Community Human Services
Grant Funding under balance of State Continuum of Care, New Project

Dear Mr. Korman:

The Department of Housing and Community Development heard your appeal Monday August 13, 2018 regarding your application (RFR) for the 2018 Continuum of Care.

After careful consideration, the Department stands by the denial dated July 19, 2018. Unfortunately, the proposal did not meet the minimum evaluation criteria. The RFR specifically states that it required "verification of registration with CCR/SAM as it is a HUD requirement for funding." Moreover, in the list of application requirements, CCR/SAM registration was noted as being a requirement for threshold eligibility. This was not, as suggested in the appeal, a non-substantive, minor omission; rather, it was an omission of a critical element to demonstrate threshold eligibility for the grant. As you know, HUD will not fund grant proposals where services are to be provided by a party that does not have CCR/SAM registration.

The proposal did not include that verification and instead included a single line that Eliot is currently in the process of updating [their] status with CCR/SAM. Based on the information presented at your appeal, we further note that, as of the date of the application and continuing through the deadline established for applications, no formal application had been submitted to HUD for renewal of Eliot's CCR/SAM status, and to date, we still have not received documentation that Eliot has a valid registration with CCR/SAM. This does not constitute an immaterial or insubstantial noncompliance; rather, it reflects a response that failed to meet the Minimum Evaluation Criteria, and accordingly DHCD has determined that the proposal was properly disqualified without further evaluation.

With respect to the additional issues raised in your written appeal, please note:

- 1) You are correct in noting that HUD's priorities for CoC funding awards has de-emphasized transitional housing in favor of permanent housing and required recipients like DHCD to prioritize the most vulnerable chronically homeless individuals over all other homeless households. These HUD priorities impact the likelihood of obtaining HUD McKinney funding, as well as DHCD's scoring of applications for inclusion in the Balance of State CoC application to HUD for such funding. To a very large extent, those matters are outside DHCD's control, and DHCD is forced to abide by HUD criteria in determining how to prioritize applications so as to maximize McKinney funding. It is important to note that DHCD is not assured a minimum level of McKinney funding from HUD – if applications will not score well, HUD may – and likely will – decrease the total funding available to the Balance of State CoC, rather than simply reallocating among worthy projects.

- 2) As you note in your appeal, the provisions of both the K House MoU and the Washington SRO MoU condition DHCD's obligation to work cooperatively with Heading Home and MNHC in developing and submitting applications to renew the HUD Grants is subject to, among other things, "(1) MNHC continuing to operate K House in accordance with the Restrictions, the TSP and this [MoU] (2) ongoing HUD funding for the CoC in an amount sufficient to continue to fund all programs and projects currently supported by the CoC at their current levels, as adjusted for inflation; (3) there being no material change in Federal law or policy that would put the CoC at risk of losing funding if it were to continue to renew the HUD Grants ..." DHCD has been in constant contact with MNHC over the past several months and has informed MNHC of several factors that would cause DHCD not to support the submission of an application for full renewal of the HUD Grants, including the following:
- a. Continuing vacancies at K House, which DHCD perceives to be the result of a number of factors, including delays on the part of MNHC in acting on referrals made to it by DHCD and Heading Home during and prior to February, 2019. Heading Home initially stopped referring applicants at a time when MNHC had not yet acted on several pending applications. MNHC needed to act on those pending applications prior to receiving additional referrals so that the existing applicants would receive the consideration to which they were entitled. As recently as May, 2019, there were still several tenants who had been referred to MNHC and whose applications had neither been approved nor denied.
 - b. Even more importantly, as we have collectively observed over the past several months, housing the most vulnerable chronically homeless individuals in these congregate settings, where such individuals are referred through coordinated entry based on their level of vulnerability, has resulted in an extremely unstable tenant population, particularly at K House. The challenges associated with managing these congregate settings through implementation of HUD priorities and policies, therefore, is likely to result in continued high levels of vacancy that will put the CoC at risk of losing funding if it were to continue to renew the HUD Grants. Conversely, failure to implement HUD priorities and policies would also put the CoC at risk of losing funding if it were to continue to seek renewal of the HUD Grants.
 - c. As noted in the language quoted above, the MoU contemplated ongoing HUD funding for the CoC "in an amount sufficient to continue to fund all programs and projects currently supported by the CoC at their current levels, as adjusted for inflation." MNHC and Eliot have repeatedly asserted that the current level of HUD funding are insufficient to continue to operate the current program at these properties, and have requested funding at levels several times the amount previously funded by the McKinney grants. Effectively, therefore, the request by MNHC and Eliot is not to continue to fund the programs and projects at their current levels, but for a dramatically higher level of funding – which was never contemplated by the MoU.
- 3) In your written appeal, and in prior written communications to DHCD, you have highlighted what you assert to be "unfairness" in DHCD's process, based on the extensive work by DHCD and MetroNorth to preserve these properties. However, as noted in several communications by DHCD to MetroNorth, DHCD is required under state law to conduct a procurement through a fair and equitable process that treats all applicants equally. As noted in the RFR, "verification of

registration with CCR/SAM ... is a HUD requirement for funding.” For that reason, evidence of CCR/SAM registration was listed in the RFR’s list of required documents as required to document “threshold eligibility” of an applicant. DHCD rejected any application that failed to meet threshold eligibility requirements.

- 4) Contrary to the assertion in your appeal, the outcome of the RFR process was not predetermined to exclude Metro North; rather, Metro North appears to have believed that the RFR process should be predetermined to award funds to Metro North, which would represent a clear violation of state procurement law. Taken to extremes, the argument that it is “fundamentally unfair to place MNHC in the position of defaulting on its responsibilities under the AHR and the HUD Declaration by disqualifying the Application” ignores the obligation of MNHC and Eliot to submit an application that met threshold eligibility criteria; taken to its logical conclusion, that argument would obligate DHCD to award funds based on a deficient application in violation of state procurement law.

As you note in your written appeal, if DHCD does not submit an application for funding based on the foregoing reasons, provided MHNC is not in default, DHCD will work cooperatively with MNHC to obtain replacement funding for the provision of services to residents, to the extent deemed practicable. The MoU contemplated that all such applications shall endeavor to maintain the level of services set forth in the CoC application and HUD grant, and in any event shall be based on the *mutually* determined supportive services needs of residents and the needs of the properties for support with operating and capital needs, to the extent such costs are an eligible use of any source of funding. As discussed in our earlier meeting with Undersecretary Chan, the department is willing to work with Metro North and Eliot Community Human Services or any other qualified service provider on other programing and funding options. Specifically, DHCD is willing to discuss funding for the current state fiscal year (through June 30, 2018) under new line item 7004-0202 on the following basis:

- 1) If Metro North is seeking to have its chosen service provider assume the rights and obligations of Heading Home under the existing McKinney grants, until those grants are exhausted, Metro North must demonstrate that its chosen service provider is eligible to receive McKinney funding. This includes having a current, effective DUNS number and CCR/SAM registration.
- 2) Metro North must work with DHCD to develop a mutually acceptable scope of services, taking into account resource constraints and the proposed change in how occupants will be selected for the properties once the properties are no longer receiving McKinney funds.
- 3) Prior to drawing on DHCD funding for services, Metro North and its chosen service provider must maximize use of other resources and develop a scope of services that is reasonable given potential changes in target population, the size of the properties, and resource constraints. Specifically Metro North and/or its chosen service provider must:
 - a. Exhaust the existing McKinney grants for both property operations and supportive services, based on the current population mix and tenant selection plan;
 - b. Maximize use of other potential service dollars, including CSPECH and Home and Healthy for Good;
 - c. Present options for service delivery based on changes in target population, including options that provide alternatives to 24/7 staff presence on-site. (DHCD would be happy to provide examples of alternative models that have been successful at other, comparable sites.)
- 4) Some DHCD service dollars under new line item 7004-0202 may be made available on an emergency basis, to help assure the continued viability of the properties during this transition

period. As with all emergency procurements, this would be for a period of no more than a year; subsequently, Metro North and its chosen service provider would need to respond to a DHCD Request for Responses in accordance with state procurement laws. Please note that, under the line item language, funding under new line item 7004-0202 may only be made available to contracted service providers eligible for funding under line item 7004-0102.

Please let us know how you would like to move forward.

Calkins, Gordon (OCD)

From: Calkins, Gordon (OCD)
Sent: Friday, August 31, 2018 8:12 AM
To: Larry Gotlieb (lgottlieb@eliotchs.org)
Cc: 'Kathleen McKenna'; Laura Spark (lauragspark@gmail.com); 'Marc Slotnick'; 'Joanna.Bowen@state.ma.us'; Mullarkey, Ita (OCD); Banks, Jane (OCD); Rubin, Roberta (OCD)
Subject: Balance of State Continuum of Care Project Applications

Good afternoon Larry:

The Balance of State CoC has completed its project evaluation and ranking process. This e-mail is to formally inform you that your project applications entitled "Washington Street SRO Expansion" and "Charles Street Supportive Housing" were rejected because they were not selected during the state procurement process for new projects.

HUD's deadline for completing this ranking process, and informing each project applicant of the results of it is 15 days prior to the NOFA submission deadline. The NOFA submission deadline is September 18th. 15 days prior to that is Monday, September 3rd – Labor Day. This is the last business day we can inform applicants prior to the deadline.

If you have questions, you may contact me via return e-mail or by phone at 617-573-1384.

Gordon Calkins
(P) 617-573-1384
Federal Grants Manager
Division of Housing and Stabilization
Department of Housing and Community Development

Please note the change in e-mail address. My new address is Gordon.Calkins@mass.gov

New Project proposals were solicited using the state's procurement process – including posting on the state procurement website. The next page is a screen capture of that posting.

Bid Solicitation: BD-19-1076-OCDDDE-OCDD1-28183

Header Information

Bid Number:	BD-19-1076-OCDDDE-OCDD1-28183	Description:	DHCD2019-01 Balance of State Continuum of Care New Project	Bid Opening Date:	07/18/2019 03:00:00 PM
Purchaser:	Recco, Alabama	Organization:	Department of Housing and Community Development	Allow Electronic Quote:	Yes
Department:	OCDD001 - Department of Housing and Community Development	Location:	OCDD01 - Department of Housing and Community Development	Available Date:	06/06/2018 03:00:00 PM
Fiscal Year:	19	Type Code:	NG - Non-Service solicitation	Internal Bid Flag:	No
Alternate Id:		Required Date:			
Info Contact:	Gordon, Catherine@mass.gov	Bid Type:	OPEN		
Purchase Method:	Open Market				

Pre Bid Conference:

The purpose of this PFB is to solicit qualified, cost-effective, and competitive applications for federal grant sub-recipients who will develop and operate new projects in the Balance of State Continuum of Care (BOS-COC)

Bulletin Desc:

Department of Housing and Community Development - O&E
100 Cambridge Street
Boston, MA 02114
US
Email: jennifer.mccabe@state.ma.us
Phone: (617)753-1250

Bill to Address:

Department of Housing and Community Development - O&E
100 Cambridge Street
Boston, MA 02114
US
Email: jennifer.mccabe@state.ma.us
Phone: (617)753-1250

Print Format:

File Attachments:

- Grant Funding for Balance of State Continuum of Care New Project-1.docx
- newmas-wg new-1.doc
- cast-form new-1.docx
- sdp-plateform-1-commitment new-1.docx
- RFI_FOMI new-1.pdf
- 2018-2019-continuum new-1.doc
- Instructions for vendors-responses to holds new-1.doc
- Instructions for vendors-responses to holds new-1.docx
- Bidders Conference Updates.docx
- Question and Answer Document DHCD2019-01.pdf

Form Attachments:

SBPP (Small Business Purchasing Program) Eligible;
See SBPP requirements and exceptions at www.mass.gov/sbpp;

Amendments:

Amendment #	Amendment Date	Amendment Note
1	06/21/2018 09:22:31 AM	Amendment File Changes: Header 1, File Bidders Conference Updates.docx, Footer, Bidders Conference Updates.docx, Footer, Enrollment Date Changes:
2	06/25/2018 03:17:18 PM	Amendment File Changes: Header 1, File Question and Answer Document DHCD2019-01.pdf, File Question and Answer Document DHCD2019-01.pdf, Footer, Enrollment Date Changes:

**The following pages are the e-mail
that went out with the various
deadlines including those for
submission of renewal applications.**

**Note the last page is the attachment
to that e-mail which laid out the entire
schedule with all deadlines**

Calkins, Gordon (OCD)

From: Calkins, Gordon (OCD)
Sent: Friday, June 22, 2018 2:13 PM
To: 'mcollins@commteam.org'; 'joseph.vallely@state.ma.us'; 'Cheryl Kennedy-Perez (Cheryl.Kennedy-Perez@MassMail.State.MA.US)'; 'jgrasberger@advocatesinc.org'; 'amy.mullen@state.ma.us'; 'gordon.calkins@state.ma.us'; Makrinikolas, Claire (VET); 'Irogers@helpfbms.org'; 'Kourou@harborcov.org'; 'kwild@mhsa.net'; 'anna.madison@umb.edu'; 'jason.gilbert@northeastveterans.org'; 'director@familypromisemetrowest.org'; 'Dionne_robinson@waysideyouth.org'; 'Yolanda_ortiz@waysideyouth.org'; 'richard.matos-haile@bostonabcd.org'; 'maria.davis@pinestreetinn.org'; 'cain@homestart.org'; Clougherty, Kim (DMH); 'melissa.mcwhinney@state.ma.us'; 'joanna.bowen@state.ma.us'; 'lynn@harborCOV.org'; 'carla.richards@bostonabcd.org'; 'josh.young@bostonabcd.org'; 'richard.matos-haile@bostonabcd.org'; 'tabitha.gaston@bostonabcd.org'; 'jgrasberger@advocatesinc.org'; 'jim@allthingshomeless.com'; Mahan, Nancy; 'kmchugh@bostoncommunitycapital.org'; 'cechevarria@bhchp.org'; 'daycinea@bhchp.org'; 'egold@bhchp.org'; 'tfeagley@gmail.com'; 'cindyprice@brooklinecenter.org'; 'ianlang@brooklinecenter.org'; Kanter, Laura; 'chernandez@brooklinehousing.org'; 'mbaronas@brooklinehousing.org'; 'jam_cando@msn.com'; 'amaldonado@capicinc.org'; 'chavey@capicinc.org'; 'mwinkeller@caritascommunities.org'; 'TNe@caritascommunities.org'; 'Shirley.a.RodriguezAcevedo@centene.com'; 'krobrien@challiance.org'; 'connie@chelmsfordha.com'; 'AAckroyd@childrensfriend.net'; 'carolyn.lightburn@ci.everett.ma.us'; 'adacosta@cityoflawrence.com'; 'sfink@cityoflawrence.com'; 'khayes@cityofmaiden.org'; 'nrobinson@newtonma.gov'; 'rpowers@newtonma.gov'; 'amason@city.waltham.ma.us'; 'dflanagan@city.waltham.ma.us'; 'jshirley@city.waltham.ma.us'; 'abrowder@commonwealthlandtrust.org'; 'etan@commonwealthlandtrust.org'; 'mbrown@commonwealthlandtrust.org'; 'swilkins@commonwealthlandtrust.org'; 'director@communitydaycenter.org'; 'ebenezer.irving.forbes@gmail.com'; 'O'Connell, Christine'; 'jboilard@communityhealthlink.org'; 'brynadavis@csninc.org'; 'chowell@commteam.org'; 'mcollins@commteam.org'; 'kross@commteam.org'; 'jane.banks@state.ma.us'; 'elisa.bresnahan@state.ma.us'; 'gordon.calkins@state.ma.us'; 'ita.mullarkey@state.ma.us'; 'Joanna.Bowen@state.ma.us'; 'Karla.Sordia@MassMail.State.MA.US'; 'kelly.schlabach@state.ma.us'; 'Ditzah.Wooden-Wade@MassMail.State.MA.US'; 'melissa.mcwhinney@state.ma.us'; 'Tamara.Fahey@state.ma.us'; 'christopher.zabik@state.ma.us'; 'david.tagliaferri@state.ma.us'; Comeau, Gary N. (DMH); Chasse, Jeffrey (DMH); 'joseph.vallely@state.ma.us'; Clougherty, Kim (DMH); 'mark.bilton@state.ma.us'; 'Cheryl.Kennedy-Perez@State.MA.US'; 'Stephen.OKeefe@State.MA.US'; Makrinikolas, Claire (VET); 'dbrennan@state.ma.us'; 'emily.cooper@state.ma.us'; 'Director@familypromisemetrowest.org'; 'aconnolly@helpfbms.org'; 'Irogers@helpfbms.org'; 'efriedman@glcac.org'; 'jcarter@glcac.org'; 'edern@hallmarkhealth.org'; 'claudia@harborcov.org'; 'Kourou@harborcov.org'; 'lynn@harborcov.org'; 'dferrier@headinghomeinc.org'; 'lkaplan@headinghomeinc.org'; 'mantelo-ovando@headinghomeinc.org'; 'jeaton@heroinpreventionmass.org'; 'cain@homestart.org'; 'Irosi@housingfamilies.org'; 'asagarin@housingfamilies.org'; 'kfacchini@housingsolutionssema.org'; 'Stephanie.j.harrington@hud.gov'; 'Samantha.Graves@hud.gov'; 'elizabethwinston@justastart.org'; 'sbuoncuore@jri.org'; 'aekrapf@aol.com'; 'Linn.torto@state.ma.us'; 'naniebonner202@gmail.com'; 'krozzi@mvyymca.org'; 'kdesbois@mvyymca.org'; 'makennacampbell@mvyymca.org';

To: 'cburbridge@mhsa.net'; 'kwild@mhsa.net'; 'mregueiro@mhsa.net';
'apoirier@mhsainc.org'; 'gsears@mhsainc.org'; 'sburman@navicoresolutions.org';
'sean.terry@nechv.org'; 'courtney.hunt@nechv.org'; 'marc@neci-housing.com';
'norfolkha@verizon.net'; 'debbier@northcharles.org';
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'Larry.Seamans@pinestreetinn.org'; 'maria.davis@pinestreetinn.org';
'Ralph.Hughes@pinestreetinn.org'; 'deb@reachma.org'; 'cmimoso@sevenhills.org';
'jimc@smoc.org'; 'karmenoff@smoc.org'; 'rwadda@smoc.org'; 'llee@smoc.org';
'susang@smoc.org'; 'carln-k@southshorehousing.org';
'Carina.Pappalardo@psychologicalcenter.com'; 'mbuckley@thesecondstep.org';
'MSwoveland@thesecondstep.org'; 'shovasapian@thesecondstep.org';
'kmatthews@thesecondstep.org'; 'sueb@bedfordma.gov'; 'emy@framinghamma.gov';
'nsaj@framinghamma.gov'; 'aadams@watertown-ma.gov';
'katherineperson@veteransinc.org'; 'johnperson@veteransinc.org';
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'jason.gilbert@northeastveterans.org'; 'johnratka@comcast.net'; 'dennism@vinfen.org';
'whites@vinfen.org'; 'daria@watchcdc.org'; 'clachance@wayfindersma.org';
'jvigo@wayfindersma.org'; 'ddorvilier@jri.org'; 'jvalverde@ywcawlawrence.org';
'sstaples@ywcawlawrence.org'; 'judy.m.perlman@gmail.com';
'darlene@darlenemathewsinc.com'; 'lucygarnetcosta@gmail.com'; 'mantelo-
ovando@headinghomeinc.org'; 'Gordon.Calkins@State.MA.US';
'jason.gilbert@northeastveterans.org'; 'lgottlieb@eliotchs.org';
'Melissa.McWhinney@State.MA.US'; 'Mouhoubi@homestart.org';
'Stephen.OKeefe@State.MA.US'; 'andrew.pape@state.ma.us';
'Kelly.Schlabach@State.MA.US'; 'lkaplan@headinghomeinc.org'; Sordia, Karla (OCD);
'Joseph.Vallely@State.MA.US'; 'RWadda@smoc.org'; 'elisa.bresnahan@state.ma.us';
'Joanna.Bowen@state.ma.us'; 'sbuoncuore@jri.org'; 'Irosi@housingfamilies.org';
'Melissa.Mcwhinney@state.ma.us'; 'Yolanda_Ortiz@waysideyouth.org';
'cgolden@mhsa.net'; 'gordon.calkins@state.ma.us'; 'Joseph.Vallely@State.MA.US';
'ita.mullarkey@state.ma.us'; 'brynadavis@csninc.org'; 'tfeagley@gmail.com';
'ddorvilier@jri.org'; 'oangoodhardy@jri.org'; 'asnyder@bridgeotw.org';
'AAckroyd@childrensfriend.net'; 'richard.matos-haile@bostonabcd.org';
'tdriscoll@smoc.org'; 'Tkamenova@childrensfriend.net'; 'lucygarnetcosta@gmail.com';
Kanter, Laura; 'richard.matos-haile@bostonabcd.org'; Makrinikolas, Claire (VET);
'dbrennan@state.ma.us'; 'Melissa.Mcwhinney@state.ma.us';
'gordon.calkins@state.ma.us'; 'johnratka@comcast.net';
'jason.gilbert@northeastveterans.org'; 'ecurrier@veteranbenefits.us';
'ita.mullarkey@state.ma.us'; 'hmaccabe@lhand.org'; 'eford@lhand.org';
'Joanna.Bowen@state.ma.us'; 'Katherine.Paquin@va.gov';
'Stephanie.J.Harrington@hud.gov'; 'Liam.connolly@va.gov'; 'Rita.Paulino@va.gov';
'sburman@navicoresolutions.org'; 'Kathryn.Cochrane@va.gov';
'Karla.Sordia@MassMail.State.MA.US'; 'abonds@CRC-Mass.org';
'johnperson@veteransinc.org'; 'katherineperson@veteransinc.org';
'sueb@befordma.gov'; 'courtney.hunt@nechv.org';
'Karla.Sordia@MassMail.State.MA.US'; 'gordon.calkins@state.ma.us';
'Melissa.mcwhinney@state.ma.us'; 'Joanna.Bowen@state.ma.us';
'Joseph.Vallely@State.MA.US'; 'Irogers@helpfbms.org'; 'kim.clougherty@state.ma.us';
'Larry.Seamans@pinestreetinn.org'; 'Anne-Marie.Powers@pinestreetinn.org';
'mlibby@shcinc.org'; Doyle, Brooke (DMH); 'rwadda@smoc.org'; 'bconnolly@smoc.org';
'jtavon@helpfbms.org'; 'Ralph.Hughes@pinestreetinn.org';
'Tabitha.Gaston@bostonabcd.org'; 'ddorvilier@jri.org'; 'Stephen.okeefe@state.ma.us';
'dreis@northsuffolk.org'; 'dmendes@headinghomeinc.org';
'swilkins@commonwealthlandtrust.org'; 'whites@vinfen.org'; 'John.Hillis@mbhp.org';

To: 'richard.matos-haile@bostonabcd.org'; 'elisa.bresnahan@state.ma.us';
'gordon.calkins@state.ma.us'; 'lrosi@housingfamilies.org'; 'kelly.schlabach@state.ma.us';
'saugusexdir1@verizon.net'; 'elizabethwinston@justastart.org'; 'susang@smoc.org';
'sfink@cityoflawrence.com'; 'Joanna.Bowen@state.ma.us';
'Melissa.Mcwhinney@state.ma.us'; 'Karla.Sordia@MassMail.State.MA.US'; 'Carol.Kulesza2
@va.gov'; 'aadams@watertown-ma.gov'; 'asagarin@housingfamilies.org';
'aackroyd@childrensfriend.net'; 'clachance@wayfindersma.org';
'jvigo@wayfindersma.org'; Makrinikolas, Claire (VET); 'emy@framinghamma.gov';
'elizabethwinston@justastart.org'; 'emily.cooper@state.ma.us'; 'jane.banks@state.ma.us';
'kmchugh@bostoncommunitycapital.org'; 'dennism@vinfen.org';
'nsaj@framinghamma.gov'; 'rpowers@newtonma.gov'; 'Stephen.okeefe@state.ma.us'
Subject: CoC NOFA
Attachments: 2018 Bal of State NOFA calendar.pdf

Good afternoon Balance of Staters:

As you likely have heard, the NOFA has been released. We're still digging into it to make sure we have a good understanding of its expectations, but I wanted to get a bit of information to you right away.

- The first is the calendar with meetings and deadlines. I've attached our initial draft of it here to this e-mail. It may change and I'm sure we'll be adding additional details as we work our way through the process. Some takeaways are this:
 - 6/29 The earliest possible date that the NOFA or the project Applications will be available in E-SNAPS
 - 7/16 New Project Proposals in response to the RFR are due
 - 7/31 The last day in which any findings from a project monitoring must be resolved in order to achieve ranking points for having done so.
 - 8/6 Most recent APRs are due for projects that have not had DHCD as the grantee.
 - 8/8 Deadline for New Project Applications in E-SNAPS
 - 8/10 Deadline for Renewal Project Applications in E-SNAPS
 - 8/24 Ranking Groups meeting
 - 8/27 Project Evaluation Committee meeting
 - 8/29 Advisory Board Meeting
 - 9/14 CoC's goal for submission to HUD
 - 9/18 Deadline for submission to HUD
- Reallocation of projects from one component to another is allowed again this year. For those projects interested in doing so, DHCD staff will help you work through the process. While your application to HUD will technically be a new project, it will, as in years past, be treated by the CoC as a renewal project for the purposes of ranking. You do not need to respond to the current RFR for this process
- We had predicted, based on several conversations with HUD staff that consolidations would be allowed during the NOFA process. That mechanism has been included this year, though it is playing out differently than we thought. Each project to be consolidated (up to four per newly consolidated grant) will include individual renewal applications AND a consolidated grant application. HUD will, at grant agreement time, execute a single grant agreement for the whole set.
- We also predicted that we would be able to expand grants by adding funds to it. Again we guessed correctly and HUD has included a mechanism for doing this. Essentially, you apply for your grant as though you are not expanding it and separately, you create an expansion grant application. At grant agreement time, if both the original and the expansion grants have been selected by HUD for funding, HUD will issue a single grant agreement. However, there are two caveats.
 - HUD is wishing to expand only high performing projects; and

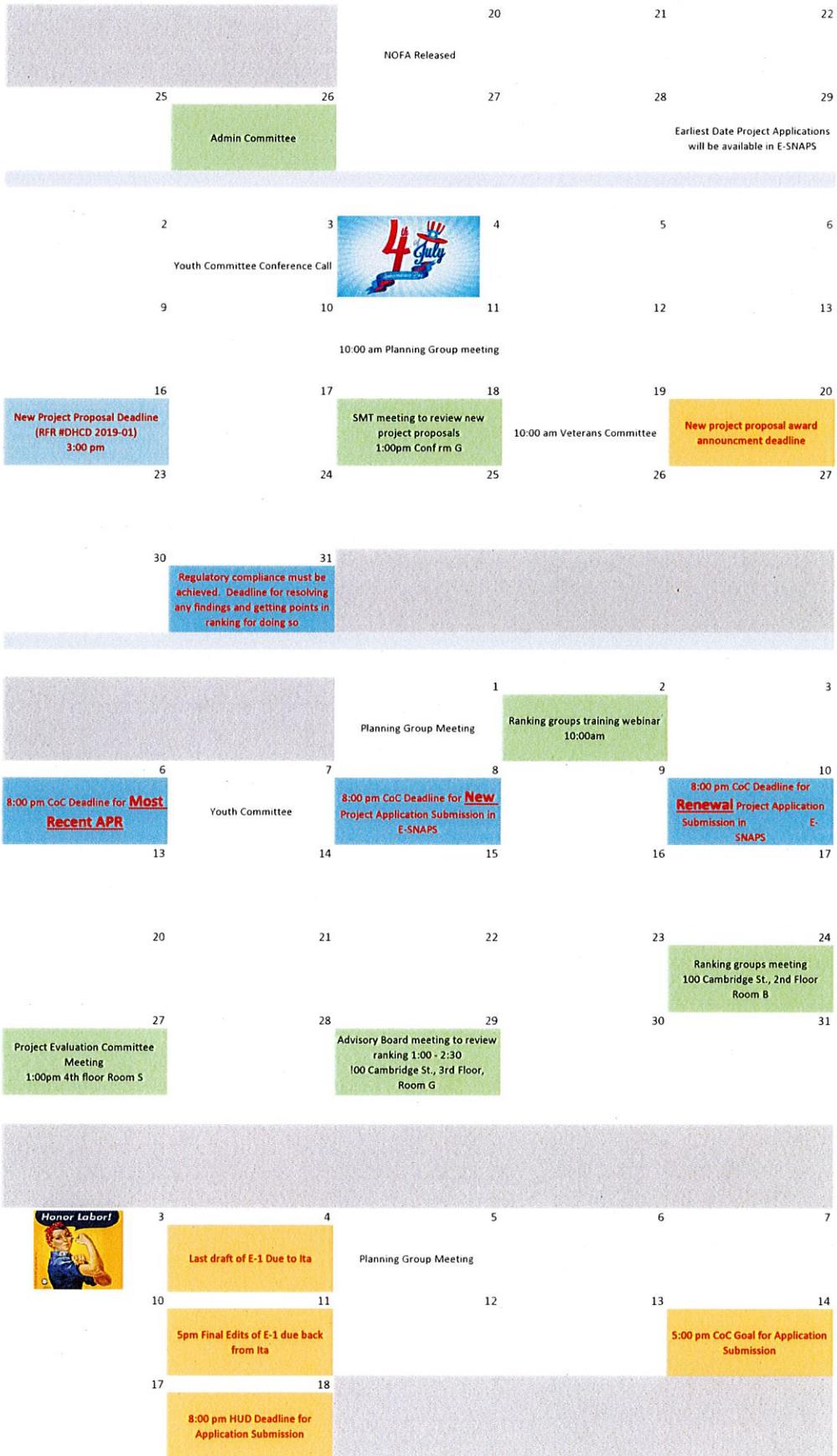
- The application has to expand units, beds persons served, or services provided to existing program participants. The expansion must be real – which is to say that the application must clear state that the expansion is not replacing other funding sources.
- Tier 2 this year is 6% of our annual renewal demand – or \$745,814 PLUS the amount of any new project funds we apply for – for a total possible tier two of \$1,491,628.
- Finally, remember that agencies must be actively participating in the CoC. If you have not been working on a committee or attending many meetings, your project may be at risk. One way to fix that is by participating in the project ranking groups. If you are interested in doing that, please let Joanna know at Joanna.bowen@mass.gov.

So we're off to the races. Buckle your hats folks!

Gordon Calkins
(P) 617-573-1384
Federal Grants Manager
Division of Housing and Stabilization
Department of Housing and Community Development

Please note the change in e-mail address. My new address is Gordon.Calkins@mass.gov

**The following page is the attachment
to the e-mail announcing deadlines**



For ease of reference, the CoC and HMIS lead governance section of this Governance Charter is in Article IX on pages 12-16 below.

The actual HMIS governance agreement is attached as addendum on pages 29-30

**Commonwealth of Massachusetts
Balance of State Continuum of Care
Advisory Board Governance Charter**

ARTICLE I. – Advisory Board Purpose

The purpose of the Commonwealth of Massachusetts Balance of State (BoS) Advisory Board is to oversee the reduction of family and individual homelessness throughout the Balance of State geographic area.

The Advisory Board will carry this out through the following efforts:

- Prioritization of both new and renewal projects funded through the US Department of Housing and Urban Development’s Continuum of Care Program
- Leadership to leverage and prioritize the effective use of Public/Private resources
- Policy alignment of the CoC’s efforts in support of the ongoing implementation of the MA 10 Year Plan to End Homelessness
- Oversight of the MA Balance of State’s Continuum of Care accomplishing all responsibilities specified by HUD’s Continuum of Care Program

ARTICLE II. - Membership

Section 1. **Advisory Board Membership.** The MA BoS Advisory Board is the decision-making body of MA Balance of State’s Continuum of Care. The Advisory Board’s representation consists of a broad representation from state agencies, service providers, housing developers, and faith-based groups.

Section 2. **Massachusetts Interagency Council on Housing and Homelessness Membership.** In order to better coordinate the Commonwealth’s response to homelessness, Governor Patrick re-established the MA Interagency Council on Housing and Homelessness which began meeting on November 18, 2007. The Council meets monthly to provide solutions to ongoing systemic barriers to ending homelessness, and has taken on three key priorities for 2012: (a) continuing to reform the ways in which the state responds to homelessness and housing scarcity through the Governor's FY 2013 budget proposal, (b) preventing and ending homelessness among veterans, and (c) preventing and ending homelessness among survivors of domestic violence. The Council works collaboratively with the BoS Advisory Board on systems change and program implementation efforts. The Council is comprised of the following State agencies: Executive Office of Health and Human Services, Department of Veterans' Services, Department of Elder Affairs, Executive Office for Administration and Finance, Executive Office of Labor and Workforce Development, Department of Housing and Community Development, Department of Children and Families, Department of Mental Health, Department of Public Health, Department of Transitional Assistance, Department of Elementary and Secondary Education, Department of Correction, Department of Early Education and Care, and Department of Developmental Services.

Section 3. **Continuum of Care Membership.** The MA Balance of State’s Continuum of Care membership is open to all interested parties involved in ending homelessness within the

Balance of State's geographic area. Working with DHCD staff, the BoS Advisory Board seeks Continuum of Care representation from the following stakeholders: non-profit homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, and organizations that serve veterans and formerly homeless individuals. All Planning Group Meetings are announced publicly, in advance, using the continuum's twitter account, its list-serve and on its website at <https://www.mass.gov/service-details/continuum-of-care-programs-coc-0>.

ARTICLE III. – Advisory Board Officers

Section 1. **Officers and Duties.** The officers shall be 2 Co-Chairs (with staggered terms) and a Secretary. These officers shall perform the duties prescribed by the Governance Charter. The Co-Chairs shall be responsible for chairing and convening all meetings. One Co-Chair shall be a member and represent homeless service providers or private entity and one Co-Chair shall be a member and represent the Commonwealth of Massachusetts through a public agency. Working with DHCD staff, the Secretary shall assure that minutes are taken and distributed for all meetings and be responsible for keeping the attendance records of the Advisory Board.

Section 2. **Nomination.** Any Advisory Board member may nominate a fellow member for a vacant officer position. A nomination must be seconded by one additional Advisory Board member.

Section 3. **Elections and Terms of Office.** The Advisory Board members shall elect all officers through a quorum vote as constituted in the Governance Charter. Co-Chairs shall serve for a two year staggered term. Co-Chairs shall serve up to two consecutive terms. The Secretary shall serve for a two year term and can serve consecutive terms with no limit.

ARTICLE IV. – Advisory Board Structure

Section 1. **Advisory Board Composition.** The Advisory Board is made up of 17 members – the 3 Board Officers and 14 additional members. It represents the following groups:

- Commonwealth of Massachusetts – Department of Housing and Community Development, Department of Public Health, Department of Mental Health, Department of Children and Families, Department of Veterans Services, (5 members)
- Homeless Services Provider Representatives (Individual, Family, Domestic Violence, Youth, Veteran, Mental Health / Substance Use) (6 members)
- Homeless Advocacy (1 members)
- Faith-Based Community (1 member)
- University/Higher Education (1 member)
- Homeless or Formerly Homeless Individual (1 member)
- At large elected (2 members)

Section 2. **Advisory Board Selection.** Working closely with current Advisory Board members, MA DHCD staff will recruit, screen and recommend individuals for selected membership to the Advisory Board for a vote. The Board will approve the nominee's acceptance based on a majority vote of the Board. Two additional At-Large board members shall be nominated by the

continuum's Planning Group from their ranks. These At-Large members are named to the Advisory Board by the Planning Group and an Advisory Board vote and approval is not required.

The terms of membership will be for two years. There are no term limits for selected general membership, though there is a staggered two term limit for At-Large members. At-Large board members also serve on the Project Evaluation Committee. A homeless service provider agency and State Agency is limited to one individual representative on the Board. As a condition of membership on the Board, each member, other than an officer, shall agree to be named and carry out the responsibilities of a Committee Chairperson if requested. If not request, the member must agree to actively participate on a Committee.

Section 3. Removal/Vacancies. A majority vote from the Advisory board may remove a member of the Advisory Board. An Advisory Board member may also resign their membership on the Board by providing written notice to DHCD staff and the Advisory Board. DHCD staff will work to coordinate the filling of a vacancy in collaboration with the Advisory Board

Section 4. Advisory Board Responsibilities. The Board will conduct the following activities:

- Leadership to leverage and prioritize the effective use of public/private resources
- Coordinate the BoS CoC's activities to further implementation efforts of the MA 10 Year Plan to End Homelessness
- Prioritization of new and renewal projects funded through the US Department of Housing and Urban Development's Continuum of Care Program
- Oversight of the operation of the Continuum of Care in accordance with HUD's Continuum of Care Regulations
- Oversight of the MA BoS's Homeless Management Information System (HMIS)
- Oversight of Continuum of Care Planning in accordance with HUD's Continuum of Care regulations
- The Advisory Board, by majority vote, may, upon recommendation of the Project Evaluation Committee, adjust the ranking of the projects in either of the following circumstances:
 - The circumstances leading to the poor performance of the project(s) resulting in its/their low ranking have been entirely resolved, or
 - The project(s) is/are a priority for the Continuum and its loss to the Continuum represents a unique and/or unacceptable impact to the services or housing available to the homeless households within the Continuum.
- Any Advisory Board member who is affiliated with a project that may have its tier placement impacted by a decision to adjust the ranking is recused from voting on the motion to adjust the ranking, but not from engaging in the motion's debate.

ARTICLE V. – Board Meetings

Section 1. Advisory Board Meetings. The Advisory Board will meet quarterly to conduct business. DHCD staff working with the Board Secretary will provide meeting information and an agenda one week in advance of the meeting. The Co-Chairs also have the authority to call a special meeting in person or via other means (telephone, webcast) with 3 days' notice of the meeting. The Co-Chairs can also authorize a vote to be taken via electronic mail if necessary. The Board Secretary will coordinate this type of vote.

Section 2. **Committee Meetings.** The CoC Committees will meet as necessary to conduct required business. Each Committee's chairperson is responsible for coordinating the conduct of these meetings, providing adequate notice to members, and providing updates to the Advisory Board on the committee's activities.

Section 3. **Full CoC Meeting/Planning Group.** The MA BoS Continuum of Care Planning Group shall meet bi-monthly. DHCD will work the Board's Secretary to provide meeting information and agendas via DHCD's website as well as email to CoC membership at least one week in advance. With the support of DHCD staff, the Board Secretary will take notes and properly document the meeting. Meetings are open to the public and occur monthly. Members are encouraged to invite interested parties to any of the Planning Group Meetings.

ARTICLE VI. – Committee Composition and Mission

Section 1. **Committee Composition/Responsibilities.** The membership of each Committee will be comprised of interested parties and experts. The BoS CoC Advisory Board has organized the follow Committees:

Administration Committee: This Committee serves as a problem-solving group to identify and address issues too detailed to be of interest to Advisory Board or too complex to be efficiently resolved in discussion with the Advisory Board. The Administrative (Admin) Committee works together to clarify and define problems, to determine additional information required to better understand the problem, to propose possible solutions, and to project the impact of each course of action. The Admin Committee takes on these issues primarily related to ensuring HUD compliance and effective monitoring of both CoC and ESG projects and makes recommendations to the Advisory Board for their review and input.

Project Evaluation Committee: The Project Evaluation Committee oversees project performance outcomes and makes impartial funding recommendations following the CoC Conflict of Interest policy and state competitive procurement requirements. The Committee is made up of the two At-Large Board members as elected by the planning group and staff members from the DHCD Federal Grants and HMIS units.

Performance Outcomes: The Committee oversees the development and maintenance of performance evaluation tools, including monitoring and ranking tools, to assure that projects are being measured for regulatory compliance and for outcomes that reflect the priorities of funders and the Continuum.

New Project Procurement Response Review: The Committee drafts and publishes, subject to state procurement law and Department of Housing and Community Development approval, requests for project proposals to include with each year's NOFA, or other funding opportunities. Requests will reflect the priorities of potential funding streams and the Continuum. The Committee reviews all proposals submitted using criteria set forth in the request for proposals and makes final selection(s) for any project(s) that will be included in the CoC's application.

Project Ranking: The Committee uses objective scoring criteria set by Advisory Board. The Committee first forms small teams of volunteers and reviews the use of scoring tools. Then small team members review and score assigned CoC applications and APRs. Each team then reaches consensus (may be done electronically) on each project's overall score. The small teams report scores to the Committee who then convenes to review all scores, rank the projects, and make recommendations to the Advisory Board for final ranking.

HMIS Committee: Role is to improve the usefulness/accuracy of HMIS data available to the CoC on homeless and ‘at risk’ populations/sub-populations in its jurisdiction by identifying and addressing data quality and reporting issues; assessing the quality of the data currently available to the CoC and making recommendations to the Advisory Board on both: how to increase accuracy, completeness and timeliness of reporting; and prioritizing HMIS changes to achieve improvements.

ICHH Committee: The CoC has adopted the MA 10 Year Plan to End Homelessness and complementary Opening Doors Plans to End Homelessness. The implementation of this plan by the BoS CoC in conjunction with the MA ICHH is the responsibility of the ICHH Committee. This Committee works with the full CoC/Planning Group in keeping the CoC on track in following its goals and the goals of the corresponding Opening Doors Plan.

Youth Committee: The Committee is responsible for coordinating housing and services to at risk and homeless youth throughout the BoS geographic area.

Veterans’ Committee: The Committee is responsible for coordinating housing and services to homeless veterans throughout the BoS geographic area.

Coordinated Entry Committee: The committee responsible for the development and oversight of the Balance of State Continuum of Care Coordinated Entry system. The committee develops, reviews and modifies any necessary policies and procedures related to the Coordinated Entry System.

Section 2. **Ad Hoc Committees.** The Board may create ad hoc Committees in response to an emerging planning need or requirement within the CoC. The Advisory Board provides direction to this Committee to guide its efforts. This type of Committee will typically be organized on a time limited basis.

ARTICLE VII. – Advisory Board Voting

Section 1. **Motions.** The Advisory Board will formally vote on issues that require formal approval. An Advisory Board member will make a motion. The motion will be seconded by another member and a full vote will be taken. The Board’s meeting minutes will reflect the motion, the second and the outcome of the formal vote including the number of “yeas” and “nays”. Each Advisory Board member present for the meeting will be entitled to one vote. All votes are determined by a majority of voting members present.

The Co-Chairs may also authorize a vote to be taken via electronic mail if necessary. The Board Secretary will coordinate this type of vote.

For unanticipated motions, any Advisory Board member may request to table a vote until the next Board meeting.

Section 2. **Quorum.** Fifty percent or more of the Advisory Board members present shall constitute a quorum.

ARTICLE VIII. – Code of Conduct

MA BoS Advisory Board members and State employees that support the operation of the BoS CoC shall abide by all section of the code of conduct below. Failure to act in accordance with the code of conduct may result in removal from the membership of the Advisory Board.

Section 1 – Conflict of Interest. The necessity for the fair and impartial administration of state and federal funds and the enforcement of the funder program requirements makes the avoidance of any conflict of interest of primary importance. A conflict of interest is a situation in which an employee or Advisory Board member’s private interest, usually financial, conflicts or raises a reasonable question of conflict with his or her official duties and responsibilities.

When an Advisory Board member’s interests compete with the Commonwealth’s or the Public’s interests, the Commonwealth’s or the Public’s interests take precedence, even if that means the member might be disadvantaged or inconvenienced. Advisory Board members must not use their office for personal gain in any manner.

Chapter 268A of the Mass General Laws provides criminal and civil penalties for conflict of interest violations. The following two general categories of prohibitions are to be used as guidelines. (Chapter 268A of the General Laws contains specific details).

(a) No Advisory Board member may request or receive, in any manner whatsoever, compensation or anything else of value: (i) for performance of his or her duties; or (ii) for influencing or appearing to influence such performance.

Advisory Board members must not accept money or anything of value from anyone, or the promise of money or anything of value, for the performance of their duties within the CoC or the failure to perform their duties. This is basic public policy, and every CoC Advisory Board member should be on his or her guard to recognize an attempt to influence the performance of his or her duties by the giving of money or gifts.

(b) No Advisory Board member may participate in any matter relating to any entity in which, to his or her knowledge, the employee, or a member of his or her immediate family, or his or her business partner or any business organization in which he serves as an officer, director, trustee, or employee, or any person or organization with whom he or she is negotiating or has any arrangement concerning prospective employment, has a financial interest.

Advisory Board members have an obligation scrupulously to avoid the potential conflicts of interest which exist in their role as a voting member of the CoC or as a member of its Advisory Board. If their duties require them to participate in a particular matter in which they have a financial interest, they have a duty to disclose and report promptly the existence or possible existence of a conflict of interest to their appointing authority. The appointing authority has the responsibility to determine whether there should be a transfer to another member of a vote which involves them, their immediate family, or any person with whom or entity in which they have some personal or financial involvement, or whether the appointing authority should assume responsibility for the particular matter, or whether to issue a written determination that the interest is not so substantial as to affect the integrity of the member.

The Advisory Board member shall recuse themselves from all discussions or voting that is or could be perceived to be an organizational conflict of interest. Per the US Department of Housing and Urban Development Continuum of Care Regulations (24 CFR 578.95), an organizational conflict of interest arises when, because of activities or relationships with other

persons or organizations, the recipient or sub-recipient is unable or potentially unable to render impartial assistance in the provision of any type or amount of assistance under HUD's Continuum of Care Program, objectively in performing work with respect to any activity assisted under this part.

Section 2 – Standards of Conduct. These Rules with respect to conflicts of interest are in addition to, and supplement, state policies and agency/departmental rules, regulations and operating procedures that may otherwise apply to the official acts of CoC Advisory Board members.

M. G.L. Chapter 268A, Section 23 also prescribes and describes certain “Standards of Conduct”. Violations of these standards are subject to termination of membership on the CoC Advisory Board. All Advisory Board members are required to abide by the spirit as well as the letter of these standards, which provide as follows:

Section 3 – Gift and Gratuities. General Limitations: Advisory Board members shall not solicit or accept, directly or indirectly, any gift, gratuity, favor, entertainment, loan, or any other thing of value, from a person who or entity which the member knows or has reason to know:

- (a) is seeking to obtain, contractual or other business or financial relations with the Continuum;
- (b) conducts business or other activities which are regulated or monitored by the Continuum, except as permitted by statute or regulation; or
- (c) has interests that may be substantially affected by the member's performance or nonperformance of his or her official duties or has the appearance of being substantially affected.

Exceptions:

The restrictions set forth in Rule 6.01 of this Section do not apply to:

(a) obvious family or personal relationships when the circumstances make it clear that those relationships, rather than the business of the persons concerned, are the motivating factor behind any gift or gratuity.

(b) the acceptance of food or refreshments of nominal value on infrequent occasions in the ordinary course of a breakfast, luncheon, dinner, or other meeting attended for educational, informational or other similar purpose. However, CoC or CoC Advisory Board members, while on official business, are specifically prohibited from accepting free food or other gratuity, except non-alcoholic beverages (coffee, tea, etc.), from persons with whom they have contact in the performance of their official duties. Advisory Board members are not permitted to accept standing offers of meals or refreshments, nor are they permitted to accept several instances of offers of food or refreshments from the same person or entity which, in the aggregate, would exceed the definition of nominal value during a calendar year.

(c) the acceptance of loans from banks or other financial institutions on customary terms to finance proper and usual activities of employees, such as home mortgage loans, automobile loans, personal loans, etc., provided that the member does not deal with that institution in the course of his or her official duties. However, if dealing with such banks or financial institutions is

unavoidable, the Advisory member must disclose such dealings to the appointing authority in writing prior to engaging in such dealings.

(d) the acceptance of unsolicited advertising or promotional materials such as pen, pencils, note pads, calendars, and other items of nominal value.

(e) the acceptance of an award or gift of nominal value for a speech, participation in a conference, or some public contribution or achievement given by a charitable, religious, professional, social, fraternal, educational, recreational, public service or civic organization, if such organization falls within Rule 6.01, above. If more than one award or gift is given, the aggregate value must be nominal. The acceptance of travel reimbursement may be permitted if in relation to a speech. See paragraph (f), below.

(f) travel expenses and expenses to attend events may be paid from private sources, so long as the appointing authority makes a determination that the travel or attendance at the event serves a legitimate public purpose and that the benefit to the Commonwealth or the member's participation in the travel or event outweighs any special benefit to the or private sponsor.

Section 4 - Duty to Report Violations of Law and Code of Conduct.

(a) Generally. Every member is expected to maintain and uphold the integrity of the Commonwealth. In satisfying this requirement, it shall be the duty of every member to report to the appointing authority promptly and accurately, any violations of law and/or this Code that affect the BoS CoC and how it reflects on the Commonwealth. To the fullest extent possible, any such reports will be treated confidentially. A member who makes a good-faith report of a violation of law or the Code shall not be subject to retaliation of any kind, threat of retaliation, or pressure, as a result of making a good-faith report of violation, and shall be entitled to the protection of any present or future legislation which permits or encourages persons to report violations of laws or regulations.

(b) Attempts to Bribe. Bribery and attempted bribery are claims which strike at the core of state government. Advisory Board members should be constantly alert to solicitations to accept money, consideration, or anything of value in return for acts or commissions involving their official functions within the CoC. Such solicitations may be indirect and subtle. Any attempt to bribe an Advisory Board member shall be reported immediately to the proper agency authority.

Section 5 – Other Standard of Conduct.

(a) False Statement. Proper functioning of the government requires that the agency/department, the courts, other state agencies and the public be able to rely fully on the truthfulness of government related organizations in matters of official interest. Advisory Board members will be terminated from their position within the CoC for intentionally making false or misleading verbal or written statements in their capacity as Advisory Board members.

(b) Public Records. All requests for public records should be directed to the appointing authority or his or her designee who shall determine whether the requested documents are public records in accordance with G.L. Chapter 4, Section 7, Clause 26.

Advisory Board members or employees must refer all requests for public records regarding the CoC or its activities to their appointing authority, or a person or office designated by the

appointing authority, for response. Advisory Board members or employees are not permitted to make decisions on their own as to whether a record is a “public record” as defined by law, unless they are authorized to do so by the appointing authority.

(c) **Drugs and Alcohol Use.** While on duty, no Advisory Board member shall consume or use alcohol, intoxicants, narcotics, or controlled substances in any form. Similarly, no Advisory Board member shall report for work under the influence of intoxicants, narcotics or controlled substances in any form. The only exception to this Rule is the use of medication when prescribed for the treatment of the member by a registered physician, dentist, or other person legally authorized to prescribe controlled substances.

When performing his or her official functions, it is imperative that his or her judgment not be impaired by any substance. Unless an Advisory Board member has a medical reason to use a prescription medication, the use of any controlled substance, alcohol, or any kind of chemical which affects behavior or judgment is forbidden when working. Such use is also prohibited if the person works under the influence of these substances, even if the substances were taken before reporting for duty. The consumption of alcohol at agency-sponsored or Commonwealth-sponsored social occasions is permitted, as long as the individual is not performing a mandatory duty, as recorded in his or her job description.

(d) **Weapons.** No Advisory Board member, while in the performance of his or her duties, is permitted to carry, wear, possess, or keep within his or her control any weapon, as defined by law, with the intent of displaying or using said weapon to intimidate or assault another person or for any other unlawful purpose.

Advisory Board members are not permitted to utilize any object for the purpose of attacking, assaulting, intimidating, or in any other way affecting another person to act against the other person’s will. Advisory Board members or employees should be aware that the law treats almost any object, depending upon its use or intended use, as a “dangerous” weapon, including a “shod foot”. Advisory Board members or employees must keep in mind that even the display of a weapon or any object of any kind in a threatening manner may indicate a willingness or intent to use the object as a weapon; in some cases, the very display of an object, such as a knife, gun, bat, or other inherently dangerous object, may be considered threatening.

(e) **Departmental Identification Cards, Badges, Etc.** Agency/departmental identification cards or badges may be used for personal identification purpose when cashing checks or such as when applying for a loan, credit or when renting an apartment.

(f) **Political Activities.** Advisory Board members or employees are prohibited from using their offices, titles, or any public resources, or performing their official duties to interfere with, affect or influence the results of a nomination or election for public office.

Advisory Board members or employees are never allowed to use the fact that they are employees of the state to obtain personal advantages or to influence any action not associated with their official duties, in any manner that is not available to the general public. That prohibition includes elections for public office. No work time, public material or property, such as telephone, copiers, fax machines, etc., or information gained in the course of state employment may be used for the benefit of any candidate for public office or for any ballot issue.

No advisory board member or employee shall use his or her official authority directly or indirectly to coerce, attempt to coerce, command, advise or prevent any person or body to pay, lend or contribute anything of value to any party candidate or political Committee.

Advisory Board members or employees may not use their public employment in any way to influence any person or group of persons to give anything of value, including services, to any candidate or any political Committee.

No Advisory Board member or employee shall solicit or accept funds or anything of value for any party, political Committee, agency, person or organization for political purposes.

Advisory Board members or employees cannot be connected in any way to any political fundraising, whether for a candidate or for a ballot issue.

Advisory Board members or employees are not prohibited from making personal contributions up to the statutory limit to a campaign Committee or organization for the nomination or election of any individual running for public office or to any Committee, agency, or organization for political purposes.

Advisory Board members or employees may contribute their own money, up to the statutory limit, to campaign organizations or political Committees. The statutory limit is enforced by the State Office of Campaign and Political Finance, and all inquiries about political contribution limits should be directed to said office.

Advisory Board members or employees are prohibited from campaigning for political office for themselves or others, or for any other political purpose, during working hours.

Advisory Board members or employees cannot work for any political purpose during working hours.

Advisory Board members or employees are prohibited from displaying a political or campaign message while on official agency/departmental business.

Advisory Board members or employees are not permitted to display political messages of any sort on any part of their clothing or person, while working, or to display such messages on public property.

(g) Testimonial Dinners. Advisory Board members or employees are prohibited from selling or accepting payment for tickets, admissions or contributions for a testimonial dinner or function or any affair having a purpose similar to a testimonial dinner or function held on behalf of any employee of his or her agency/department, nor shall any Advisory Board member or employee participate in or accept contributions for or from any testimonial dinner or function or any affair having a similar purpose, held on his or her behalf while he or she is an Advisory Board member or employee if such dinner, function or affair is sponsored by a person or organization which is regulated by or has official business with the BoS CoC.

Advisory Board members or employees must not sell or receive money or anything of value from any source for a testimonial dinner or any function similar to a testimonial dinner if the dinner is to honor a present employee of the agency if the event is sponsored by any person,

group, or organization which is controlled by the employee's agency or who does business with, or wishes to do business with, the CoC.

No Board member or employee may participate in, or receive any contribution for, any such dinner or function which is held in his or her behalf while he or she is an employee if the event is sponsored by any person, group, or organization which is controlled by the employee's agency or who does business with, or wishes to do business with, the employee's agency.

This section shall not prohibit the collection of sums of nominal value to cover the cost of small celebrations or other small events (such as birthday or holiday parties) held within agency/departmental offices.

This rule/code does not prohibit the celebration of traditional small parties, such as birthdays, holiday parties, or retirements.

(h) Legislative Requests and Inquiries. All requests or inquiries from legislators or their staffs regarding the CoC or its activities must be referred to the agency/department head or his or her designee before any action is taken, unless employees are directed to handle such requests otherwise by the agency/department head or his or her designee.

Any request from a legislator or a staff member of a legislator's office regarding the CoC or its activities must be referred to the agency head or a person appointed by the agency head, unless the agency head or the appointed person directs Advisory Board members or employees to handle the request personally.

ARTICLE IX. - Homeless Management Information System (HMIS)

Section 1. **HMIS Purpose.** The Balance of State Continuum of Care through its lead agency DHCD hereby agrees to serve, as the HMIS Lead Agency for the Balance of State CoC. The parties further agree the HMIS Lead Agency DHCD will ensure that the HMIS Lead Agency requirements to establish, support and manage the HMIS in a manner that will meet HUD's standards for minimum data quality, privacy, security and other HUD requirements for organizations participating in an HMIS are met.

DHCD as the lead agency will: coordinate the CoC's implementation of the HMIS software; provide assistance and guidance to all CoC project applicants; lead the CoC's efforts to assess and improve HMIS implementation, compliance and data quality; inform CoC members of training opportunities; and develop a Data Quality Plan, a Privacy Policy and a Security Plan.

Section 2. **Definitions.** Definition related to the operation of the HMIS include:

Homeless Management Information System (HMIS) means the information system designated by the Continuum of Care to comply with HUD data standards and used to record, analyze, and transmit client and activity data in regard to the provision of shelter, housing, and services to individuals and families who are homeless or at risk of homelessness.

Purpose of HMIS. The purpose of an HMIS whether funded by public or private resources, is to record and store client-level information about the numbers, characteristics, and needs of persons who use homeless housing and supportive services and for persons who receive assistance for persons at risk of homelessness, including:

(1) Aggregation of HMIS data. Information in HMIS may be aggregated to: obtain information about the extent and nature of homelessness over time; produce an unduplicated count of homeless persons; understand patterns of service use; and measure the effectiveness of homeless assistance projects and programs.

(2) Uses of aggregate HMIS information. Information generated from the HMIS include: (i) Will be used by recipients and sub-recipients to report to HUD and for such other reasons as may be required by HUD; (ii) Will be used by HUD and other Federal agencies to report to Congress, to evaluate recipient performance, and for such other reasons as may be specified in law or regulation or by HUD through notice; and (iii) May be made available to the public to raise awareness and enhance local planning processes.

HMIS Lead means the entity designated by the Continuum of Care in accordance with to operate the Continuum's HMIS on the Continuum's behalf.

The Balance of State Continuum of Care means the group composed of representatives from organizations including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve veterans, and homeless and formerly homeless persons.

Comparable database means a database that is not the Continuum's official HMIS, but an alternative system that victim service providers and legal services providers may use to collect client-level data over time and to generate unduplicated aggregate reports based on the data, and that complies with the requirements of this part. Information entered into a comparable database must not be entered directly into or provided to an HMIS.

Contributing HMIS Organization (or CHO) means an organization that operates a project that contributes data to an HMIS.

Data recipient means a person who obtains personally identifying information from an HMIS Lead or from a CHO for research or other purposes not directly related to the operation of the HMIS, Continuum of Care, HMIS Lead, or CHO.

HMIS vendor means a contractor who provides materials or services for the operation of an HMIS. An HMIS vendor includes an HMIS software provider, web server host; data warehouse provider, as well as a provider of other information technology or support.

Participation Fee means a fee the HMIS Lead charges CHOs for participating in the HMIS to cover the HMIS Lead's actual expenditures, without profit to the HMIS Lead, for software licenses, software annual support, training, data entry, data analysis, reporting, hardware, connectivity, and administering the HMIS.

Protected identifying information means information about a program participant that can be used to distinguish or trace a program participant's identity, either alone or when combined with other personal or identifying information, using methods reasonably likely to be used, which is linkable to the program participant.

Unduplicated count of homeless persons means an enumeration of homeless persons where each person is counted only once during a defined period.

User means an individual who uses or enters data in an HMIS or another administrative database from which data is periodically provided to an HMIS.

Victim service provider means a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.

Section 2. Responsibilities of the Lead Agency for the CoC, the HMIS and CHOs.

Duties of the BoS CoC include:

- (1) Designate a single information system as the official HMIS software for the geographic area. The software must comply with the requirements of this part.
- (2) Designate an HMIS Lead, which may be itself, to operate the HMIS. The HMIS Lead must be a state or local government, an instrumentality of state or local government, or a private nonprofit organization.
- (3) Develop a governance charter, which at a minimum includes: (i) A requirement that the HMIS Lead enter into written HMIS Participation Agreements with each CHO requiring the CHO to comply with this part and imposing sanctions for failure to comply; (ii) Such additional requirements as may be issued by notice from time to time.
- (4) Maintain documentation evidencing compliance with this part and with the governance charter;
- (5) Review, revise and approve the policies and plans (required by this part and by any notices issued from time to time.) (b) Discretionary actions. A Continuum of Care may choose to participate in an HMIS with one or more other Continuums, subject to the following conditions:
- (6) Designate the same HMIS Lead and must work jointly with the HMIS Lead to develop and adopt a joint governance charter;
- (7) Designate the same governance, technical, security, privacy, and data quality standards;
- (8) Designate the same information system as the official HMIS software; and
- (9) The HMIS must be capable of reporting unduplicated data for each Continuum of Care separately.

The CoC shall also ensure that:

- (1) Each recipient and sub-recipient of ESG and CoC grant funds enters data in the Continuum's HMIS or a comparable database, as provided under this part.
- (2) Victim service providers are notified that victim service providers shall not directly enter or contribute data into an HMIS if they are legally prohibited from participating in HMIS.
- (3) Legal service providers are notified that they may choose not to use HMIS if it is necessary to protect attorney-client privilege.

Victim service and legal service providers that are recipients of funds that require participation in HMIS that do not directly enter or contribute data to an HMIS must use a comparable database instead.

- (1) Standards for a comparable database. (i) The comparable database must meet the standards of this part and comply with all HMIS data information, security, and processing standards, as established by HUD in notice. (ii) The comparable database must meet the standards for security, data quality, and privacy of the HMIS within the Continuum of Care. The comparable database may use more stringent standards than the Continuum of Care's HMIS.
- (2) Victim service providers and legal service providers may suppress aggregate data on specific client characteristics if the characteristics meet the requirements of this part and any conditions as may be established by HUD in notice.

Duties of DHCD as the HMIS Lead shall include the following:

- (1) Ensure the operation of an HMIS sufficient to include all beds and services set aside for homeless and/or at risk populations. Duties include establishing the HMIS; conducting oversight of the HMIS; and taking corrective action, if needed, to ensure that the HMIS is compliant with these requirements.
- (2) Develop written HMIS policies and procedures in accordance HUD requirements for all CoCs;
- (3) Execute a written HMIS Participation Agreement with each CHO, which includes the obligations and authority of the HMIS Lead and CHO, the requirements of the security plan with which the CHO must abide, the requirements of the privacy policy with which the CHO must abide, the sanctions for violating the HMIS Participation Agreement (e.g., imposing a financial penalty, requiring completion of standardized or specialized training, suspending or revoking user licenses, suspending or revoking system privileges, or pursuing criminal prosecution), and an agreement that the HMIS Lead and the CHO will process Protected Identifying Information consistent with the agreement. The HMIS Participation Agreement may address other activities to meet local needs;
- (4) Serve as the applicant to HUD for grant funds to be used for HMIS activities for the Continuum of Care's geographic area, as directed by the CoC and, if selected for an award by HUD, enter into a grant agreement with HUD to carry out the HUD-approved activities;
- (5) Monitor and enforce compliance by all CHOs with the requirements of this part and report on compliance to the Continuum of Care, ESG, and HUD standards;
- (6) The HMIS Lead Agency will submit its security plan, data quality plan, and privacy plan to the CoC Continuum of Care for approval within [the date that is 6 months after the effective date of the final rule to be inserted at final rule stage] and within 6 months after the date that any change is made to the local HMIS. The HMIS Lead must review and update the plans and policy at least annually. During this process, the HMIS Lead must seek and incorporate feedback from the Continuum of Care and CHO. The HMIS Lead must implement the plans and policy within 6 months of the date of approval by the Continuum of Care.
- (7) The HMIS Lead is responsible for ensuring that HMIS processing capabilities remain consistent with the privacy obligations of its users.

- (8) Unduplicated count. An HMIS Lead must, at least once annually, or upon request from HUD, submit to the
- (9) Ensure compliance with the technical standards applicable to HMIS, as provided in HUD's most recently issued Technical Standards.
- (10) Follow HUD standards for maintaining data.
- (11) Archive data. Archiving data means the removal of data from an active transactional database for storage in another database for historical, analytical, and reporting purposes. The HMIS Lead must follow archiving data standards established by HUD in notice, as well as any applicable Federal, state, territorial, local, or data retention laws or ordinances.

DHCD further agrees as the HMIS lead agency to complete the following:

- (1) Host and maintain HMIS software or data;
- (2) Backup, recovery, and repair of the HMIS software or data;
- (3) Upgrade, customize, and enhance the HMIS;
- (4) Integrate and warehouse data, including development of a data warehouse for use in aggregating data from sub recipients using multiple software systems;
- (5) System administration;
- (6) Report to providers, the Continuum, and HUD.
- (7) Travel to conduct intake and to attend training; and
- (8) Implement and comply with HMIS requirements.

Duties of the BoS CoC HMIS (CHO). CHOs must comply with the applicable standards set forth in this part:

- (1) Implementing specifications. A CHO must comply with Federal, state, and local laws that require additional privacy or confidentiality protections. When a privacy or security standard conflicts with other Federal, state, and local laws to which the CHO must adhere, the CHO must contact the HMIS Lead and collaboratively update the applicable policies for the CHO to accurately reflect the additional protections.
- (2) The CHO must comply with the HMIS lead's privacy policy, including data collection limitations; purpose and use limitations; allowable uses and disclosures; openness description; access and correction standards; accountability standards; protections for victims of domestic violence, dating violence, sexual assault, and stalking; and such additional information and standards as may be established by HUD in notice.
- (3) Every CHO with access to protected identifying information must implement procedures to ensure and monitor its compliance with applicable agreements and the requirements of the governance agreement and participation agreement; including enforcement of sanctions for noncompliance.
- (4) Travel to conduct intake and to attend training;
- (5) Implement and comply with HMIS requirements; and
- (6) Require the HMIS vendor and the software to comply with HMIS standards issued by HUD.

ARTICLE X. – Collaborative Applicant and Unified Funding Agency

The MA BoS CoC Advisory Board designates the Commonwealth of Massachusetts' Department of Housing and Community Development as both the Collaborative Applicant and the Unified Funding Agency representing the BoS Continuum of Care. DHCD is responsible for conducting the duties and responsibilities of both the Collaborative Applicant (24 CFR 578.9) and the Unified Funding Agency (24 CFR 578.11) outlined in the US Department of Urban Development's Continuum of Care Program Regulation as codified in 24 CFR 578.

ARTICLE XI. - Amendments

These Standing Rules may be amended or repealed at any MA BoS CoC Advisory Board meeting by a two-thirds vote of the Board provided there is a quorum.

ARTICLE XII. - Non-Discrimination

It is the policy of the BoS CoC Advisory Board that no person shall be discriminated against because of their race, sex, age, marital status, religious creed, color, national origin, disability, sexual orientation, gender identity or expression, or because they have minor children, or receive public assistance. The CoC Advisory Board shall be operated in an open and democratic fashion and shall not discriminate against anyone because they are a member of one of the above groups.

Fair Housing and Equal Opportunity Requirements

The Balance of State Continuum of Care complies fully with all applicable fair housing and civil rights requirements in 24 CFR 5.105(a), including, but not limited to, the Fair Housing Act; Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; Title II of the Americans with Disabilities Act; and Section 109 of the Housing and Community Development Act of 1974. Under federal and state law, DHCD does not discriminate on the basis of race, color, sex, sexual orientation, gender identity, national origin, religion, creed, age, disability, familial status, children, marital status, military/veteran status, receipt of public assistance/housing subsidy, ancestry, and genetic information. To file a complaint of discrimination, any person may contact the Associate Director, Division of Housing Stabilization, DHCD, 100 Cambridge St., 4th Floor, Boston, MA 02114, tel. (617) 573-1137, TTY (617) 573-1140 for the deaf or hard-of-hearing.

The Continuum and its projects will not discriminate on the basis of race, color, sex, sexual orientation, gender identity, religion, age, handicap, disability, or national origin in participating in and accessing housing through the Coordinated Entry System:

- Deny to any applicant the opportunity to apply for housing, nor deny to any eligible applicant the opportunity to lease housing suitable to its needs;
- Provide housing which is different from that provided others;
- Subject a person to segregation or disparate treatment;
- Restrict a person's access to any benefit enjoyed by others in connection with the housing program;
- Treat a person differently in determining eligibility or other requirements for admission;
- Deny a person access to the same level of services; or

- Deny a person the opportunity to participate in a planning or advisory group that is an integral part of the Coordinated Entry system.
- Steer a person toward any particular program for reasons related to race, color, sexual orientation, gender identity, religion, age, handicap, disability, or national origin

The Continuum and its projects shall not automatically deny admission to a particular group or category of otherwise eligible applicants. Each applicant in a particular group or category will be treated on an individual basis.

Balance of State Continuum of Care Standards and Eligibility for HUD CoC Assistance

A. Current Programs:

Eligibility and Prioritizing:

Balance of State Continuum of Care receives funds directly from HUD for the following programs:

- Street Outreach:
- Housing Stabilization:
- Employment Services:
- Transitional Housing: and
- Permanent Supported Housing.

The first step in evaluating eligibility for the above programs is to determine and document eligibility as Homeless, or fleeing domestic violence or for some programs, eligible households must be Chronically Homeless. The definitions of both Homeless and Chronically Homeless are at the end of this document. The second step is determining which of the eligible households must be prioritized for services. See each program for prioritizing among eligible applicants.

Street Outreach:

To be eligible for street outreach households must be homeless and living in a place not meant for human habitation such as a car, woods, condemned building. Individuals in institutions or in shelters are ineligible.

Housing Stabilization:

To be eligible for homeless stabilization services a household must have been recently re-housed from homelessness or chronic homelessness and have a high risk of recurrent homelessness. Among those eligible applicants those with the highest level of risk factors for recurring homelessness will be prioritized, such as chronic homelessness or multiple disabilities and must be the most in need of immediate intensive support due to the nature of chronic homelessness such as long term episodes of living in a place not meant for human habitation or the nature of their disability(s).

Legal Services:

To be eligible for legal services a household must be homeless:

(i) Living in a place not meant for human habitation such as an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; or

Balance of State Continuum of Care Standards and Eligibility for HUD CoC Assistance

(ii) Living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low- income individuals).

To be eligible a household must be in need of advice and representation in matters that interfere with the homeless individual or family's ability to obtain and retain housing. Households must also need. Those eligible households whose need is most critical and legal efforts most likely to result in permanent sustainable housing will be prioritized.

Employment Services:

To be eligible for CoC Employment Services a household must be: (i) Living in a place not meant for human habitation such as an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; or

(ii) Living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low- income individuals).

All homeless individuals within the balance of State who request these services are eligible to receive them. There is not expected to be a need to prioritize employment services.

Transitional Housing:

To be eligible for the CoC's only transitional housing project, Scattered Site Transitional Apartment Program, a household must be:

(i) Homeless and fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;

(ii) Has no other residence; and

(iii) Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

Balance of State Continuum of Care Standards and Eligibility for HUD CoC Assistance

Among these eligible applicants those most in need of intensive long term (up to 24 months) trauma focused services for themselves and/or their children must receive priority.

Permanent Supported Housing:

Permanent supported housing can only be provided to homeless individuals with disabilities and homeless families in which one adult or child has a disability. Both the homelessness and disability must be documented before a household can be accepted as a potential participant. In many of the CoC's Permanent Supported Housing Programs, the household must also meet the Chronically Homeless criteria and documentation that the applicant meets the chronically homeless criteria must be obtained. Each organization involved with Permanent Supported Housing must have a copy of its original application and any amendments to be sure about the definition that applies.

Among eligible applicants those with the severest and most persistent disabilities and those who have come from a place not meant for human habitation must be the first priority. The next highest priority is for those currently in a medical institution for less than 90 days but who were "on the street" or in an emergency shelter homeless prior to entering the institution.

Homeless Definition:

(1) An individual or family lacking a fixed, regular, and adequate nighttime residence, meaning:

(i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

(ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals); or

(iii) An individual exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

(2) An individual or family who:

(i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's

Balance of State Continuum of Care Standards and Eligibility for HUD CoC Assistance

primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;

(ii) Has no other residence; and

(iii) Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

Chronically Homeless Definition:

A chronically homeless household is one where the head of household has a disabling condition and which has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. The individual must have been on the streets or in an emergency shelter (**not transitional housing**) during these episodes. Prior to admission to a CoC funded project which has some or all of its HUD funded housing units designated for chronically homeless families or individuals, written documentation must be provided by an appropriate Third Party that verifies the person's status as chronically homeless. All of the following documentation must be obtained and put into the household's case record as part of conducting the program intake and prior to accepting the household into the project

B. PLANNED PROGRAMS:

Eligibility and Prioritizing:

The CoC plans to establish a Rapid Re-Housing Program in the future. Eligibility will be tied to the HUD definition of homelessness. Prioritization is not expected to be an issue because all homeless individuals in the CoC's jurisdiction would have sufficient access to the resource that all eligible individuals could be served.

Rapid Re-housing:

The CoC plans to establish a Rapid Re-Housing Program in the future. Eligibility will be tied to the HUD definition of homelessness. Families who are homeless and who are not eligible for Emergency Assistance (EA) and the state's HomeBase homeless diversion and rapid-rehousing program may be served under the planned CoC Rapid Re-Housing Program. Non EA shelters include ESG funded family shelter beds, shelters that specifically serve only victims of domestic violence, and community-funded shelters.

Any homeless individual in the CoC's jurisdiction will be eligible to receive short-term rental assistance to move from shelter or a place not meant for human habitation into permanent housing. The program is expected to prioritize those eligible individuals with shelter stays longer than 45 days.

Balance of State Continuum of Care Standards and Eligibility for HUD CoC Assistance

C: STANDARDS FOR DETERMINING THE PERCENT OR AMOUNT OF RENT FOR EACH RAPID RE-HOUSING PARTICIPANT:

The ESG funded Rapid Re-housing Program DHCD managed in state FY 2013 moved 771 homeless individuals from emergency shelters across the Commonwealth into permanent housing. Almost half of those individuals were in Boston homeless emergency shelters. To accomplish that the ESG Rapid-Rehousing contractors had to make payment arrangements with property owners in multiple different ways on a case by case basis depending on the situation. In no case however were the ESG Contractors allowed to provide more than \$4,000 in financial assistance on behalf one homeless individual.

Based on lessons learned through this past year, the CoC would be more likely to follow that case by case model and keeping a maximum amount of assistance rather than setting restrictions on what could be paid by participants or an ESG grant recipient in a particular month. What we learned was that some program participants needed first month's rent, last month's rent and a security deposit and a small amount of rental assistance over the first few months if they had just started working. Other participants such as seasonal workers were in an emergency shelter because even though they may be able to pay a first month rent and a portion of a security deposit with earned income savings, they would not be able to meet the ongoing rental cost until they found either other employment or returned to the job that was unavailable in the 3 or 4 coldest months. Other shelter residents had a regular but low fixed income but remained in shelter because they couldn't save enough for a security deposit and first and last month's rent to move into an apartment. As a result the CoC after talking to many of the ESG Rapid Re-Housing providers wants to keep a maximum amount of financial assistance that could be paid on behalf of a Rapid Re-housing participant without "tying the hands" of successful Rapid Re-housing contractors.

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



This form is jointly issued and published by the [Executive Office for Administration and Finance \(ANF\)](#), the [Office of the Comptroller \(CTR\)](#) and the [Operational Services Division \(OSD\)](#) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at www.mass.gov/osc under [Guidance For Vendors - Forms](#) or www.mass.gov/osc under [OSD Forms](#).

CONTRACTOR LEGAL NAME: (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Department of Housing and Community Development MMARS Department Code: (OCD)	
Legal Address: (W-9, W-4, T&C):		Business Mailing Address: 100 Cambridge St. Boston MA, 02114	
Contract Manager:		Billing Address (if different):	
E-Mail:		Contract Manager:	
Phone:	Fax:	E-Mail:	
Contractor Vendor Code:		Phone:	Fax: 617-573-1340
Vendor Code Address ID (e.g. "AD001"): AD001. (Note: The Address ID must be set up for EFT payments.)		MMARS Doc ID(s):	
NEW CONTRACT		X CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only) <input type="checkbox"/> Statewide Contract (OSD or an OSD-designated Department) <input type="checkbox"/> Collective Purchase (Attach OSD approval, scope, budget) <input type="checkbox"/> Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) <input type="checkbox"/> Emergency Contract (Attach justification for emergency, scope, budget) <input type="checkbox"/> Contract Employee (Attach Employment Status Form , scope, budget) <input type="checkbox"/> Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget)		Enter Current Contract End Date Prior to Amendment: 01/31/2014 Enter Amendment Amount: \$ No Change (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) <input type="checkbox"/> Amendment to Scope or Budget (Attach updated scope and budget) <input type="checkbox"/> Interim Contract (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> Contract Employee (Attach any updates to scope or budget) <input type="checkbox"/> Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)	
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. <input type="checkbox"/> Commonwealth Terms and Conditions <input type="checkbox"/> Commonwealth Terms and Conditions For Human and Social Services			
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. <input type="checkbox"/> Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) <input type="checkbox"/> Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$ _____ .00			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days ___% PPD; Payment issued within 15 days ___% PPD; Payment issued within 20 days ___% PPD; Payment issued within 30 days ___% PPD. If PPD percentages are left blank, identify reason: X : agree to standard 45 day cycle ___ statutory/legal or Ready Payments (G.L. c. 29, § 23A); ___ only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy .)			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.)			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <input type="checkbox"/> 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date . <input type="checkbox"/> 2. may be incurred as of _____, 20____, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date . <input type="checkbox"/> 3. were incurred as of _____, 20____, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as of _____, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the " Effective Date " of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions , this Standard Contract Form including the Instructions and Contractor Certifications , the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07 , incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:	
X: _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature)		X: _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature)	
Print Name:		Print Name: Rose Evans	
Print Title:		Print Title: Associate Director	

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



INSTRUCTIONS AND CONTRACTOR CERTIFICATIONS

The following instructions and terms are incorporated by reference and apply to this Standard Contract Form. Text that appears underlined indicates a "hyperlink" to an Internet or bookmarked site and are unofficial versions of these documents and Departments and Contractors should consult with their legal counsel to ensure compliance with all legal requirements. Using the Web Toolbar will make navigation between the form and the hyperlinks easier. Please note that not all applicable laws have been cited.

CONTRACTOR LEGAL NAME (AND D/B/A): Enter the **Full Legal Name** of the Contractor's business as it appears on the Contractor's [W-9](#) or [W-4 Form](#) (Contract Employees only) and the applicable [Commonwealth Terms and Conditions](#) If Contractor also has a "doing business as" (d/b/a) name, BOTH the legal name and the "d/b/a" name must appear in this section.

Contractor Legal Address: Enter the Legal Address of the Contractor as it appears on the Contractor's [W-9](#) or [W-4 Form](#) (Contract Employees only) and the applicable [Commonwealth Terms and Conditions](#), which must match the legal address on the 1099I table in MMARS (or the Legal Address in HR/CMS for Contract Employee).

Contractor Contract Manager: Enter the authorized Contract Manager who will be responsible for managing the Contract. The Contract Manager should be an Authorized Signatory or, at a minimum, a person designated by the Contractor to represent the Contractor, receive legal notices and negotiate ongoing Contract issues. The Contract Manager is considered "Key Personnel" and may not be changed without the prior written approval of the Department. If the Contract is posted on Comm-PASS, the Contract Manager must be listed on the Vendor Section tab.

Contractor E-Mail Address/Phone/Fax: Enter the electronic mail (e-mail) address, phone and fax number of the Contractor Contract Manager. This information must be kept current by the Contractor to ensure that the Department can contact the Contractor and provide any required legal notices. Notice received by the Contract Manager (with confirmation of actual receipt) through the listed address, fax number(s) or electronic mail address will meet any written legal notice requirements.

Contractor Vendor Code: The Department must enter the [MMARS Vendor Code](#) assigned by the Commonwealth. If a Vendor Code has not yet been assigned, leave this space blank and the Department will complete this section when a Vendor Code has been assigned. The Department is responsible under the [Vendor File and W-9s Policy](#) for verifying with authorized signatories of the Contractor, as part of contract execution, that the legal name, address and Federal Tax Identification Number (TIN) in the Contract documents match the state accounting system.

Vendor Code Address ID: (e.g., "AD001") The Department must enter the MMARS Vendor Code Address Id identifying the payment remittance address for Contract payments, which MUST be set up for EFT payments PRIOR to the first payment under the Contract in accordance with the [Bill Paying](#) and [Vendor File and W-9](#) policies.

COMMONWEALTH DEPARTMENT NAME: Enter the full Department name with the authority to obligate funds encumbered for the Contract.

Commonwealth MMARS Alpha Department Code: Enter the [three \(3\) letter MMARS Code](#) assigned to this Commonwealth Department in the state accounting system.

Department Business Mailing Address: Enter the address where all formal correspondence to the Department must be sent. Unless otherwise specified in the Contract, legal notice sent or received by the Department's Contract Manager (with confirmation of actual receipt) through the listed address, fax number(s) or electronic mail address for the Contract Manager will meet any requirements for legal notice.

Department Billing Address: Enter the Billing Address or email address if invoices must be sent to a different location. Billing or confirmation of delivery of performance issues should be resolved through the listed Contract Managers.

Department Contract Manager: Identify the authorized Contract Manager who will be responsible for managing the Contract, who should be an authorized signatory or an employee designated by the Department to represent the Department to receive legal notices and negotiate ongoing Contract issues.

Department E-Mail Address/Phone/Fax: Enter the electronic mail (e-mail) address, phone and fax number of the Department Contract Manager. Unless otherwise specified in the Contract, legal notice sent or received by the Contract Manager (with confirmation of actual receipt) through the listed address, fax number(s) or electronic mail address will meet any requirements for written notice under the Contract.

MMARS Document ID(s): Enter the MMARS 20 character encumbrance transaction number associated with this Contract which must remain the same for the life of the Contract. If multiple numbers exist for this Contract, identify all Doc Ids.

RFR/Procurement or Other ID Number or Name: Enter the Request for Response (RFR) or other Procurement Reference number, Contract ID Number or other reference/tracking number for this Contract or Amendment and will be entered into the Board Award Field in the MMARS encumbrance transaction for this Contract.

NEW CONTRACTS (left side of Form):

Complete this section ONLY if this Contract is brand new. (Complete the CONTRACT AMENDMENT section for any material changes to an existing or an expired Contract, and for exercising options to renew or annual contracts under a multi-year procurement or grant program.)

PROCUREMENT OR EXCEPTION TYPE: Check the appropriate type of procurement or exception for this Contract. Only one option can be selected. See [State Finance Law and General Requirements, Acquisition Policy and Fixed Assets](#), the [Commodities and Services Policy](#) and the [Procurement Information Center \(Department Contract Guidance\)](#) for details.

Statewide Contract (OSD or an OSD-designated Department). Check this option for a Statewide Contract under OSD, or by an OSD-designated Department.

Collective Purchase approved by OSD. Check this option for Contracts approved by OSD for collective purchases through federal, state, local government or other entities.

Department Contract Procurement. Check this option for a Department procurement including state grants and federal sub-grants under [815 CMR 2.00](#) and [State Grants and Federal Subgrants Policy](#), Departmental Master Agreements (MA). If multi-Department user Contract, identify multi-Department use is allowable in Brief Description.

Emergency Contract. Check this option when the Department has determined that an unforeseen crisis or incident has arisen which requires or mandates immediate purchases to avoid substantial harm to the functioning of government or the provision of necessary or mandated services or whenever the health, welfare or safety of clients or other persons or serious damage to property is threatened.

Contract Employee. Check this option when the Department requires the performance of an [Individual Contractor](#), and when the planned Contract performance with an Individual has been classified using the [Employment Status Form](#) (prior to the Contractor's selection) as work of a Contract Employee and not that of an Independent Contractor.

Legislative/Legal or Other. Check this option when legislation, an existing legal obligation, prohibition or other circumstance exempts or prohibits a Contract from being competitively procured, or identify any other procurement exception not already listed. Legislative "earmarks" exempt the Contract solely from procurement requirements, and all other Contract and state finance laws and policies apply. Supporting documentation must be attached to explain and justify the exemption.

CONTRACT AMENDMENT (Right Side of Form)

Complete this section for any Contract being renewed, amended or to continue a lapsed Contract. All Contracts with available options to renew must be amended referencing the original procurement and Contract doc ids, since all continuing contracts must be maintained in the same Contract file (even if the underlying appropriation changes each fiscal year.) "See [Amendments, Suspensions, and Termination Policy](#).)

Enter Current Contract End Date: Enter the termination date of the Current Contract being amended, even if this date has already passed. (Note: Current Start Date is not requested since this date does not change and is already recorded in MMARS.)

Enter Amendment Amount: Enter the amount of the Amendment increase or decrease to a Maximum Obligation Contract. Enter "no change" for Rate Contracts or if no change.

AMENDMENT TYPE: Identify the type of Amendment being done. Documentation supporting the updates to performance and budget must be attached. **Amendment to Scope or Budget.** Check this option when renewing a Contract or executing any Amendment ("material change" in Contract terms) even if the Contract has lapsed. The parties may negotiate a change in any element of Contract performance or cost identified in the RFR or the Contractor's response which results in lower costs, or a more cost-effective or better value performance than was presented in the original selected response, provided the negotiation results in a better value within the scope of the RFR than what was proposed by the Contractor in the original selected response. Any "material" change in the Contract terms must be memorialized in a formal Amendment even if a corresponding MMARS transaction is not needed to support the change. Additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in [801 CMR 21.07](#), incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

Interim Contracts. Check this option for an Interim Contract to prevent a lapse of Contract performance whenever an existing Contract is being re-procured but the new procurement has not been completed, to bridge the gap during implementation between an expiring and a new procurement, or to contract with an interim Contractor when a current Contractor is unable to complete full performance under a Contract.

Contract Employee. Check this option when the Department requires a renewal or other amendment to the performance of a Contract Employee.

Legislative/Legal or Other. Check this option when legislation, an existing legal obligation, prohibition or other circumstance exempts or prohibits a Contract from being competitively procured, or identify any other procurement exception not already listed. Legislative "earmarks" exempt the Contract solely from procurement requirements, and all other Contract and state finance laws and policies apply. Attach supporting documentation to explain and justify the exemption and whether Contractor selection has been publicly posted.

COMMONWEALTH TERMS AND CONDITIONS

Identify which [Commonwealth Terms and Conditions](#) the Contractor has executed and is incorporated by reference into this Contract. This Form is signed only once and recorded on the Vendor Customer File (VCUST). See [Vendor File and W-9s Policy](#).

COMPENSATION

Identify if the Contract is a **Rate Contract** (with no stated Maximum Obligation) or a **Maximum Obligation Contract** (with a stated Maximum Obligation) and identify the

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Maximum Obligation. If the Contract is being amended, enter the new Maximum Obligation based upon the increase or decreasing Amendment. The Total Maximum Obligation must reflect the total funding for the dates of service under the contract, including the Amendment amount if the Contract is being amended. The Maximum Obligation must match the MMARS encumbrance. Funding and allotments must be verified as [available and encumbered](#) prior to incurring obligations. If a Contract includes both a Maximum Obligation component and Rate Contract component, check off both, specific Maximum Obligation amounts or amended amounts and Attachments must clearly outline the Contract breakdown to match the encumbrance.

PAYMENTS AND PROMPT PAY DISCOUNTS

Payments are processed within a 45 day payment cycle through EFT in accordance with the Commonwealth [Bill Paying Policy](#) for investment and cash flow purposes. Departments may NOT negotiate accelerated payments and Payees are NOT entitled to accelerated payments UNLESS a prompt payment discount (PPD) is provided to support the Commonwealth's loss of investment earnings for this earlier payment, or unless a payment is legally mandated to be made in less than 45 days (e.g., construction contracts, Ready Payments under [G.L. c. 29, s. 23A](#)). See [Prompt Pay Discounts Policy](#). PPD are identified as a percentage discount which will be automatically deducted when an accelerated payment is made. Reduced contracts rates may not be negotiated to replace a PPD. If PPD fields are left blank please identify that the Contractor agrees to the standard 45 day cycle; a statutory/legal exemption such as Ready Payments ([G.L. c. 29, § 23A](#)); or only an initial accelerated payment for reimbursements or start up costs for a grant, with subsequent payments scheduled to support standard EFT 45 day payment cycle. Financial hardship is not a sufficient justification to accelerate cash flow for all payments under a Contract. Initial grant or contract payments may be accelerated for the first invoice or initial grant installment, but subsequent periodic installments or invoice payments should be scheduled to support the Payee cash flow needs and the standard 45 day EFT payment cycle in accordance with the Bill Paying Policy. Any accelerated payment that does not provide for a PPD must have a legal justification in Contract file for audit purposes explaining why accelerated payments were allowable without a PPD.

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE

Enter a brief description of the Contract performance, project name and/or other identifying information for the Contract to specifically identify the Contract performance, match the Contract with attachments, determine the appropriate expenditure code (as listed in the [Expenditure Classification Handbook](#)) or to identify or clarify important information related to the Contract such as the Fiscal Year(s) of performance (ex. "FY2012" or "FY2012-14"). Identify settlements or other exceptions and attach more detailed justification and supporting documents. Enter "Multi-Department Use" if other Departments can access procurement. For Amendments, identify the purpose and what items are being amended. Merely stating "see attached" or referencing attachments without a narrative description of performance is insufficient.

ANTICIPATED START DATE

The Department and Contractor must certify WHEN obligations under this Contract/Amendment may be incurred. Option 1 is the default option when performance may begin as of the [Effective Date](#) (latest signature date and any required approvals). If the parties want a new Contract or renewal to begin as of the upcoming fiscal year then list the fiscal year(s) (ex. "FY2012" or "FY2012-14") in the Brief Description section. Performance starts and encumbrances reflect the default [Effective Date](#) (if no FY is listed) or the later FY start date (if a FY is listed). Use Option 2 only when the Contract will be signed well in advance of the start date and identify a specific future start date. Do not use Option 2 for a fiscal year start unless it is certain that the Contract will be signed prior to fiscal year. Option 3 is used in lieu of the [Settlement and Release Form](#) when the Contract/Amendment is signed late, and obligations have already been incurred by the Contractor prior to the [Effective Date](#) for which the Department has either requested, accepted or deemed legally eligible for reimbursement, and the Contract includes supporting documents justifying the performance or proof of eligibility, and approximate costs. Any obligations incurred outside the scope of the [Effective Date](#) under any Option listed, even if the incorrect Option is selected, shall be automatically deemed a settlement included under the terms of the Contract and upon payment to the Contractor will release the Commonwealth from further obligations for the identified performance. All settlement payments require justification and must be under same encumbrance and object codes as the Contract payments. Performance dates are subject to [G.L. c.4, § 9](#).

CONTRACT END DATE

The Department must enter the date that Contract performance will terminate. **If the Contract is being amended and the Contract End Date is not changing, this date must be re-entered again here.** A Contract must be signed for at least the initial duration but not longer than the period of procurement listed in the RFR, or other solicitation document (if applicable). No new performance is allowable beyond the end date without an amendment, but the Department may allow a Contractor to complete minimal close out performance obligations if substantial performance has been made prior to the termination date of the

Contract and prior to the end of the fiscal year in which payments are appropriated, provided that any close out performance is subject to appropriation and funding limits under state finance law, and CTR may adjust encumbrances and payments in the state accounting system to enable final close out payments. Performance dates are subject to [G.L. c.4, § 9](#).

CERTIFICATIONS AND EXECUTION

See [Department Head Signature Authorization Policy](#) and the [Contractor Authorized Signatory Listing](#) for policies on Contractor and Department signatures.

Authorizing Signature for Contractor/Date: The Authorized Contractor Signatory must (in their own handwriting and in ink) sign AND enter the date the Contract is signed. See section above under "[Anticipated Contract Start Date](#)". Acceptance of payment by the Contractor shall waive any right of the Contractor to claim the Contract/Amendment is not valid and the Contractor may not void the Contract. **Rubber stamps, typed or other images are not acceptable.** Proof of Contractor signature authorization on a [Contractor Authorized Signatory Listing](#) may be required by the Department if not already on file.

Contractor Name /Title: The Contractor Authorized Signatory's name and title must appear legibly as it appears on the [Contractor Authorized Signatory Listing](#).

Authorizing Signature For Commonwealth/Date: The [Authorized Department Signatory](#) must (in their own handwriting and in ink) sign AND enter the date the Contract is signed. See section above under "[Anticipated Start Date](#)". **Rubber stamps, typed or other images are not accepted.** The Authorized Signatory must be an employee within the Department legally responsible for the Contract. See [Department Head Signature Authorization](#). The Department must have the legislative funding appropriated for all the costs of this Contract or funding allocated under an [approved Interdepartmental Service Agreement \(ISA\)](#). A Department may not contract for performance to be delivered to or by another state department without specific legislative authorization (unless this Contract is a Statewide Contract). For Contracts requiring Secretariat signoff, evidence of Secretariat signoff must be included in the Contract file.

Department Name /Title: Enter the Authorized Signatory's name and title legibly.

CONTRACTOR CERTIFICATIONS AND LEGAL REFERENCES

Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified, subject to any required approvals. The Contractor makes all certifications required under this Contract under the pains and penalties of perjury, and agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein:

Commonwealth and Contractor Ownership Rights. The Contractor certifies and agrees that the Commonwealth is entitled to ownership and possession of all "deliverables" purchased or developed with Contract funds. A Department may not relinquish Commonwealth rights to deliverables nor may Contractors sell products developed with Commonwealth resources without just compensation. The Contract should detail all Commonwealth deliverables and ownership rights and any Contractor proprietary rights.

Qualifications. The Contractor certifies it is qualified and shall at all times remain qualified to perform this Contract; that performance shall be timely and meet or exceed industry standards for the performance required, including obtaining requisite licenses, registrations, permits, resources for performance, and sufficient professional, liability; and other appropriate insurance to cover the performance. If the Contractor is a business, the Contractor certifies that it is listed under the [Secretary of State's website](#) as licensed to do business in Massachusetts, as required by law.

Business Ethics and Fraud, Waste and Abuse Prevention. The Contractor certifies that performance under this Contract, in addition to meeting the terms of the Contract, will be made using ethical business standards and good stewardship of taxpayer and other public funding and resources to prevent fraud, waste and abuse.

Collusion. The Contractor certifies that this Contract has been offered in good faith and without collusion, fraud or unfair trade practices with any other person, that any actions to avoid or frustrate fair and open competition are prohibited by law, and shall be grounds for rejection or disqualification of a Response or termination of this Contract.

Public Records and Access The Contractor shall provide full access to records related to performance and compliance to the Department and officials listed under [Executive Order 195](#) and [G.L. c. 11, s.12](#) seven (7) years beginning on the first day after the final payment under this Contract or such longer period necessary for the resolution of any litigation, claim, negotiation, audit or other inquiry involving this Contract. Access to view Contractor records related to any breach or allegation of fraud, waste and/or abuse may not be denied and Contractor can not claim confidentiality or trade secret protections solely for viewing but not retaining documents. Routine Contract performance compliance reports or documents related to any alleged breach or allegation of non-compliance, fraud, waste, abuse or collusion may be provided electronically and shall be provided at Contractor's own expense. Reasonable costs for copies of non-routine Contract related records shall not exceed the rates for public records under [950 C.M.R. 32.00](#).

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Debarment. The Contractor certifies that neither it nor any of its subcontractors are currently debarred or suspended by the federal or state government under any law or regulation including, [Executive Order 147](#); [G.L. c. 29, s. 29F](#); [G.L. c.30, § 39R](#); [G.L. c.149, § 27C](#); [G.L. c.149, § 44C](#); [G.L. c.149, § 148B](#) and [G.L. c. 152, s. 25C](#).

Applicable Laws. The Contractor shall comply with all applicable state laws and regulations including but not limited to the applicable [Massachusetts General Laws](#); the Official [Code of Massachusetts Regulations](#); [Code of Massachusetts Regulations](#) (unofficial); [801 CMR 21.00](#) (Procurement of Commodity and Service Procurements, Including Human and Social Services); [815 CMR 2.00](#) (Grants and Subsidies); [808 CMR 1.00](#) (Compliance, Reporting and Auditing for Human And Social Services); [AICPA Standards](#); confidentiality of Department records under [G.L. c. 66A](#); and the [Massachusetts Constitution Article XVIII](#) if applicable.

Invoices. The Contractor must submit invoices in accordance with the terms of the Contract and the Commonwealth [Bill Paying Policy](#). Contractors must be able to reconcile and properly attribute concurrent payments from multiple Departments. Final invoices in any fiscal year must be submitted no later than August 15th for performance made and received (goods delivered, services completed) prior to June 30th, in order to make payment for that performance prior to the close of the fiscal year to prevent reversion of appropriated funds. Failure to submit timely invoices by August 15th or other date listed in the Contract shall authorize the Department to issue an estimated payment based upon the Department's determination of performance delivered and accepted. The Contractor's acceptance of this estimated payment releases the Commonwealth from further claims for these invoices. If budgetary funds revert due to the Contractor's failure to submit timely final invoices, or for disputing an estimated payment, the Department may deduct a penalty up to 10% from any final payment in the next fiscal year for failure to submit timely invoices.

Payments Subject To Appropriation. Pursuant to [G.L. c. 29 § 26, § 27](#) and [§ 29](#), Departments are required to expend funds only for the purposes set forth by the Legislature and within the funding limits established through appropriation, allotment and subsidiary, including mandated allotment reductions triggered by [G.L. c. 29, § 9C](#). A Department cannot authorize or accept performance in excess of an existing appropriation and allotment, or sufficient non-appropriated available funds. Any oral or written representations, commitments, or assurances made by the Department or any other Commonwealth representative are not binding. The Commonwealth has no legal obligation to compensate a Contractor for performance that is not requested and is intentionally delivered by a Contractor outside the scope of a Contract. Contractors should verify funding prior to beginning performance.

Intercept. Contractors may be registered as Customers in the Vendor file if the Contractor owes a Commonwealth debt. Unresolved and undisputed debts, and overpayments of Contract payments that are not reimbursed timely shall be subject to intercept pursuant to [G.L. c. 7A, s. 3](#) and [815 CMR 9.00](#). Contract overpayments will be subject to immediate intercept or payment offset. The Contractor may not penalize any state Department or assess late fees, cancel a Contract or other services if amounts are intercepted or offset due to recoupment of an overpayment, outstanding taxes, child support, other overdue debts or Contract overpayments.

Tax Law Compliance. The Contractor certifies under the pains and penalties of perjury tax compliance with [Federal tax laws](#); [State tax laws](#) including but not limited to [G.L. c. 62C](#); [G.L. c. 62C, s. 49A](#); compliance with all state tax laws, reporting of employees and contractors, withholding and remitting of tax withholdings and child support and is in good standing with respect to all state taxes and returns due; reporting of employees and contractors under [G.L. c. 62E](#); withholding and remitting [child support](#) including [G.L. c. 119A, s. 12](#); [TIR 05-11](#); [New Independent Contractor Provisions](#) and applicable [TIRs](#).

Bankruptcy, Judgments, Potential Structural Changes, Pending Legal Matters and Conflicts. The Contractor certifies it has not been in bankruptcy and/or receivership within the last three calendar years, and the Contractor certifies that it will immediately notify the Department in writing **at least 45 days prior** to filing for bankruptcy and/or receivership, any potential structural change in its organization, or if there is **any risk** to the solvency of the Contractor that may impact the Contractor's ability to timely fulfill the terms of this Contract or Amendment. The Contractor certifies that at any time during the period of the Contract the Contractor is required to affirmatively disclose in writing to the Department Contract Manager the details of any judgment, criminal conviction, investigation or litigation pending against the Contractor or any of its officers, directors, employees, agents, or subcontractors, including any potential conflicts of interest of which the Contractor has knowledge, or learns of during the Contract term. Law firms or Attorneys providing legal services are required to identify any potential conflict with representation of any Department client in accordance with Massachusetts Board of Bar Overseers (BBO) rules.

Federal Anti-Lobbying and Other Federal Requirements. If receiving federal funds, the Contractor certifies compliance with federal anti-lobbying requirements including [31 USC 1352](#); [other federal requirements](#); [Executive Order 11246](#); [Air Pollution Act](#); [Federal Water Pollution Control Act](#) and [Federal Employment Laws](#).

Protection of Personal Data and Information. The Contractor certifies that all steps will be taken to ensure the security and confidentiality of all Commonwealth data for which the Contractor becomes a holder, either as part of performance or inadvertently during

performance, with special attention to restricting access, use and disbursement of personal data and information under [G.L. c. 93H](#) and [c. 66A](#) and [Executive Order 504](#). The Contractor is required to comply with [G.L. c. 93I](#) for the proper disposal of all paper and electronic media, backups or systems containing personal data and information, provided further that the Contractor is required to ensure that any personal data or information transmitted electronically or through a portable device be properly encrypted using (at a minimum) [Information Technology Division \(ITD\) Protection of Sensitive Information](#), provided further that any Contractor having access to credit card or banking information of Commonwealth customers certifies that the Contractor is PCI compliant in accordance with the [Payment Card Industry Council Standards](#) and shall provide confirmation compliance during the Contract, provide further that the Contractor shall immediately notify the Department in the event of any security breach including the unauthorized access, disbursement, use or disposal of personal data or information, and in the event of a security breach, the Contractor shall cooperate fully with the Commonwealth and provide access to any information necessary for the Commonwealth to respond to the security breach and shall be fully responsible for any damages associated with the Contractor's breach including but not limited to [G.L. c. 214, s. 3B](#).

Corporate and Business Filings and Reports. The Contractor certifies compliance with any certification, filing, reporting and service of process requirements of the [Secretary of the Commonwealth](#), the [Office of the Attorney General](#) or other Departments as related to its conduct of business in the Commonwealth; and with its incorporating state (or foreign entity).

Employer Requirements. Contractors that are employers certify compliance with applicable state and federal employment laws or regulations, including but not limited to [G.L. c. 5, s. 1](#) (Prevailing Wages for Printing and Distribution of Public Documents); [G.L. c. 7, s. 22](#) ([Prevailing Wages for Contracts for Meat Products and Clothing and Apparel](#)); [minimum wages and prevailing wage programs and payments](#); [unemployment insurance](#) and contributions; [workers' compensation and insurance](#), [child labor laws](#), [AGO fair labor practices](#); [G.L. c. 149](#) (Labor and Industries); [G.L. c. 150A](#) (Labor Relations); [G.L. c. 151](#) and [455 CMR 2.00](#) (Minimum Fair Wages); [G.L. c. 151A](#) (Employment and Training); [G.L. c. 151B](#) (Unlawful Discrimination); [G.L. c. 151E](#) (Business Discrimination); [G.L. c. 152](#) (Workers' Compensation); [G.L. c. 153](#) (Liability for Injuries); [29 USC c. 8](#) (Federal Fair Labor Standards); [29 USC c. 28](#) and the [Federal Family and Medical Leave Act](#).

Federal And State Laws And Regulations Prohibiting Discrimination including but not limited to the [Federal Equal Employment Opportunity \(EEO\) Laws](#) the [Americans with Disabilities Act](#); [42 U.S.C. Sec. 12,101, et seq.](#), the [Rehabilitation Act](#), [29 USC c. 16 s. 794](#); [29 USC c. 16, s. 701](#); [29 USC c. 14, 623](#); the [42 USC c. 45](#); (Federal Fair Housing Act); [G.L. c. 151B](#) (Unlawful Discrimination); [G.L. c. 151E](#) (Business Discrimination); the Public Accommodations Law [G.L. c. 272, s. 92A](#); [G.L. c. 272, s. 98](#) and [98A](#), [Massachusetts Constitution Article CXIV](#) and [G.L. c. 93, s. 103](#); [47 USC c. 5, sc. II, Part II, s. 255](#) (Telecommunication Act; Chapter 149, [Section 105D](#), [G.L. c. 151C](#), [G.L. c. 272, Section 92A](#), [Section 98](#) and [Section 98A](#), and [G.L. c. 111, Section 199A](#), and [Massachusetts Disability-Based Non-Discrimination Standards For Executive Branch Entities](#), and related Standards and Guidance, authorized under Massachusetts Executive Order or any disability-based protection arising from state or federal law or precedent. See also [MCAD](#) and [MCAD links and Resources](#).

Small Business Purchasing Program (SBPP). A Contractor may be eligible to participate in the SBPP, created pursuant to [Executive Order 523](#), if qualified through the SBPP SmartBid subscription process at: [www.comm-pass.com](#) and with acceptance of the terms of the SBPP participation agreement.

Limitation of Liability for Information Technology Contracts (and other Contracts as Authorized). The [Information Technology Mandatory Specifications](#) and the [IT Acquisition Accessibility Contract Language](#) are incorporated by reference into Information Technology Contracts. The following language will apply to Information Technology contracts in the U01, U02, U03, U04, U05, U06, U07, U08, U09, U10, U75, U98 object codes in the [Expenditure Classification Handbook](#) or other Contracts as approved by CTR or OSD. Pursuant to Section 11. Indemnification of the Commonwealth Terms and Conditions, the term "other damages" shall include, but shall not be limited to, the reasonable costs the Commonwealth incurs to repair, return, replace or seek cover (purchase of comparable substitute commodities and services) under a Contract. "Other damages" shall not include damages to the Commonwealth as a result of third party claims, provided, however, that the foregoing in no way limits the Commonwealth's right of recovery for personal injury or property damages or patent and copyright infringement under Section 11 nor the Commonwealth's ability to join the contractor as a third party defendant. Further, the term "other damages" shall not include, and in no event shall the contractor be liable for, damages for the Commonwealth's use of contractor provided products or services, loss of Commonwealth records, or data (or other intangible property), loss of use of equipment, lost revenue, lost savings or lost profits of the Commonwealth. In no event shall "other damages" exceed the greater of \$100,000, or two times the value of the product or service (as defined in the Contract scope of work) that is the subject of the claim. Section 11 sets forth the contractor's entire liability under a Contract. Nothing in this section shall limit the Commonwealth's ability to negotiate higher limitations of liability in a particular Contract, provided that any such limitation must specifically reference Section 11 of the Commonwealth Terms and Conditions. In the event the limitation of liability

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conflicts with accounting standards which mandate that there can be no cap of damages, the limitation shall be considered waived for that audit engagement. These terms may be applied to other Contracts only with prior written confirmation from the Operational Services Division or the Office of the Comptroller. The terms in this Clarification may not be modified.

Northern Ireland Certification. Pursuant to [G.L. c. 7 s. 22C](#) for state agencies, state authorities, the House of Representatives or the state Senate, by signing this Contract the Contractor certifies that it does not employ ten or more employees in an office or other facility in Northern Ireland and if the Contractor employs ten or more employees in an office or other facility located in Northern Ireland the Contractor certifies that it does not discriminate in employment, compensation, or the terms, conditions and privileges of employment on account of religious or political belief; and it promotes religious tolerance within the work place, and the eradication of any manifestations of religious and other illegal discrimination; and the Contractor is not engaged in the manufacture, distribution or sale of firearms, munitions, including rubber or plastic bullets, tear gas, armored vehicles or military aircraft for use or deployment in any activity in Northern Ireland.

Pandemic, Disaster or Emergency Performance. In the event of a serious emergency, pandemic or disaster outside the control of the Department, the Department may negotiate emergency performance from the Contractor to address the immediate needs of the Commonwealth even if not contemplated under the original Contract or procurement. Payments are subject to appropriation and other payment terms.

Consultant Contractor Certifications (For Consultant Contracts "HH" and "NN" and "U05" object codes subject to [G.L. Chapter 29, s. 29A](#)). Contractors must make required disclosures as part of the RFR Response or using the [Consultant Contractor Mandatory Submission Form](#).

Attorneys. Attorneys or firms providing legal services or representing Commonwealth Departments may be subject to [G.L. c. 30, s. 65](#), and if providing litigation services must be approved by the Office of the Attorney General to appear on behalf of a Department, and shall have a continuing obligation to notify the Commonwealth of any conflicts of interest arising under the Contract.

Subcontractor Performance. The Contractor certifies full responsibility for Contract performance, including subcontractors, and that comparable Contract terms will be included in subcontracts, and that the Department will not be required to directly or indirectly manage subcontractors or have any payment obligations to subcontractors.

EXECUTIVE ORDERS

For covered Executive state Departments, the Contractor certifies compliance with applicable [Executive Orders](#) (see also [Massachusetts Executive Orders](#)), including but not limited to the specific orders listed below. A breach during period of a Contract may be considered a material breach and subject Contractor to appropriate monetary or Contract sanctions.

Executive Order 481. [Prohibiting the Use of Undocumented Workers on State Contracts.](#) For all state agencies in the Executive Branch, including all executive offices, boards, commissions, agencies, Departments, divisions, councils, bureaus, and offices, now existing and hereafter established, by signing this Contract the Contractor certifies under the pains and penalties of perjury that they shall not knowingly use undocumented workers in connection with the performance of this Contract; that, pursuant to federal requirements, shall verify the immigration status of workers assigned to a Contract without engaging in unlawful discrimination; and shall not knowingly or recklessly alter, falsify, or accept altered or falsified documents from any such worker

Executive Order 130. [Anti-Boycott.](#) The Contractor warrants, represents and agrees that during the time this Contract is in effect, neither it nor any affiliated company, as hereafter defined, participates in or cooperates with an international boycott (See [IRC § 999\(b\)\(3\)-\(4\)](#), and [IRS Audit Guidelines Boycotts](#)) or engages in conduct declared to be unlawful by [G.L. c. 151E, s. 2](#). A breach in the warranty, representation, and agreement contained in this paragraph, without limiting such other rights as it may have, the Commonwealth shall be entitled to rescind this Contract. As used herein, an affiliated company shall be any business entity of which at least 51% of the ownership interests are directly or indirectly owned by the Contractor or by a person or persons or business entity or entities directly or indirectly owning at least 51% of the ownership interests of the Contractor, or which directly or indirectly owns at least 51% of the ownership interests of the Contractor.

Executive Order 346. [Hiring of State Employees By State Contractors](#) Contractor certifies compliance with both the conflict of interest law [G.L. c. 268A specifically s. 5 \(f\)](#) and this order; and includes limitations regarding the hiring of state employees by private companies contracting with the Commonwealth. A privatization contract shall be deemed to include a specific prohibition against the hiring at any time during the term of Contract, and for any position in the Contractor's company, any state management employee who is, was, or will be involved in the preparation of the RFP, the negotiations leading to the awarding of the Contract, the decision to award the Contract, and/or the supervision or oversight of performance under the Contract.

Executive Order 444. [Disclosure of Family Relationships With Other State Employees.](#) Each person applying for employment (including Contract work) within the Executive Branch under the Governor must disclose in writing the names of all immediate family related to immediate family by marriage who serve as employees or elected officials of the

Commonwealth. All disclosures made by applicants hired by the Executive Branch under the Governor shall be made available for public inspection to the extent permissible by law by the official with whom such disclosure has been filed.

Executive Order 504. [Regarding the Security and Confidentiality of Personal Information.](#) For all Contracts involving the Contractor's access to personal information, as defined in [G.L. c. 93H](#), and personal data, as defined in [G.L. c. 66A](#), owned or controlled by Executive Department agencies, or access to agency systems containing such information or data (herein collectively "personal information"), Contractor certifies under the pains and penalties of perjury that the Contractor (1) has read Commonwealth of Massachusetts Executive Order 504 and agrees to protect any and all personal information; and (2) has reviewed all of the Commonwealth [Information Technology Division's Security Policies](#). Notwithstanding any contractual provision to the contrary, in connection with the Contractor's performance under this Contract, for all state agencies in the Executive Department, including all executive offices, boards, commissions, agencies, departments, divisions, councils, bureaus, and offices, now existing and hereafter established, the Contractor shall: (1) obtain a copy, review, and comply with the contracting agency's Information Security Program (ISP) and any pertinent security guidelines, standards, and policies; (2) comply with all of the Commonwealth of Massachusetts Information Technology Division's "[Security Policies](#)"; (3) communicate and enforce the contracting agency's ISP and such Security Policies against all employees (whether such employees are direct or contracted) and subcontractors; (4) implement and maintain any other reasonable appropriate security procedures and practices necessary to protect personal information to which the Contractor is given access by the contracting agency from the unauthorized access, destruction, use, modification, disclosure or loss; (5) be responsible for the full or partial breach of any of these terms by its employees (whether such employees are direct or contracted) or subcontractors during or after the term of this Contract, and any breach of these terms may be regarded as a material breach of this Contract; (6) in the event of any unauthorized access, destruction, use, modification, disclosure or loss of the personal information (collectively referred to as the "unauthorized use"): (a) immediately notify the contracting agency if the Contractor becomes aware of the unauthorized use; (b) provide full cooperation and access to information necessary for the contracting agency to determine the scope of the unauthorized use; and (c) provide full cooperation and access to information necessary for the contracting agency and the Contractor to fulfill any notification requirements. Breach of these terms may be regarded as a material breach of this Contract, such that the Commonwealth may exercise any and all contractual rights and remedies, including without limitation indemnification under Section 11 of the [Commonwealth's Terms and Conditions](#), withholding of payments, Contract suspension, or termination. In addition, the Contractor may be subject to applicable statutory or regulatory penalties, including and without limitation, those imposed pursuant to G.L. c. 93H and under [G.L. c. 214, § 3B](#) for violations under M.G.L. c. 66A.

Executive Orders 523, 524 and 526. Executive Order 526 (Order Regarding Non-Discrimination, Diversity, Equal Opportunity and Affirmative Action which supersedes [Executive Order 478](#)); [Executive Order 524](#) (Establishing the Massachusetts Supplier Diversity Program which supersedes Executive Order 390); [Executive Order 523](#) (Establishing the Massachusetts Small Business Purchasing Program.) All programs, activities, and services provided, performed, licensed, chartered, funded, regulated, or contracted for by the state shall be conducted without unlawful discrimination based on race, color, age, gender, ethnicity, sexual orientation, gender identity or expression, religion, creed, ancestry, national origin, disability, veteran's status (including Vietnam-era veterans), or background. The Contractor and any subcontractors may not engage in discriminatory employment practices; and the Contractor certifies compliance with applicable federal and state laws, rules, and regulations governing fair labor and employment practices; and the Contractor commits to purchase supplies and services from certified minority or women-owned businesses, small businesses, or businesses owned by socially or economically disadvantaged persons or persons with disabilities. These provisions shall be enforced through the contracting agency, OSD, and/or the Massachusetts Commission Against Discrimination. Any breach shall be regarded as a material breach of the contract that may subject the contractor to appropriate sanctions.



Commonwealth of Massachusetts
**DEPARTMENT OF HOUSING &
COMMUNITY DEVELOPMENT**

Charles D. Baker, Governor ♦ Karyn E. Polito, Lt. Governor ♦ Chrystal Konegay, Undersecretary

HMIS GOVERNANCE AGREEMENT

between

**The Massachusetts Balance of State Continuum of Care
and**

The Massachusetts Department of Housing and Community Development

By this Agreement the Massachusetts Balance of State (BOS) Continuum of Care (CoC) and the Massachusetts Department of Housing and Community Development (DHCD), hereby acknowledge the following:

- A Homeless Management Information System (HMIS) will be used by the CoC and all recipients of CoC and Emergency Shelter Grant (ESG) program funds to meet HUD's data collection, management, and reporting standards. Organizations with the majority of its programs located in the 76 Balance of State communities will be required to use the DHCD managed ASIST HMIS or another HMIS which can have csv or xml data files extracted to be uploaded into reporting software.
- Recipients and sub-recipients are required to collect data on individual clients, the provision of housing and services to homeless individuals and families, and persons at risk of homelessness.
- DHCD will act as the lead organization for the Massachusetts Balance of State Continuum of Care.
- Pursuant to HUD HMIS requirements, DHCD, on behalf of the Massachusetts Balance of State CoC, must designate an HMIS Lead Agency and enter into an HMIS Governance Agreement with that organization.

DHCD as Lead Agency hereby designates DHCD's HMIS Group as HMIS Lead Agency, and DHCD's HMIS Group hereby agrees to serve, as the HMIS Lead Agency for the Balance of State CoC. The parties further agree that as HMIS Lead Agency, DHCD's HMIS Group will comply with HUD HMIS Lead Agency requirements to establish, support and manage the HMIS in a manner that will meet HUD's standards for minimum data quality, privacy, security and other HUD requirements for organizations participating in an HMIS. As part of this compliance the DHCD HMIS Group will:

- Coordinate the CoC's implementation of the DHCD Social Solutions Global, Inc. (SSG) HMIS software.
- Provide assistance and guidance to all Massachusetts Balance of State CoC project applicants.
- Inform Massachusetts Balance of State CoC members of training opportunities.
- Lead the Massachusetts Balance of State CoC's efforts to assess and improve HMIS implementation, compliance and data quality.

- Ensure that the HMIS can produce all HUD required deliverables in accordance with HUD time frames.
- Ensure that the HMIS is administered in compliance with requirements prescribed by HUD.
- Assume responsibility for reviewing, revising, and approving an HMIS privacy plan, security plan, and data quality plan. A copy of this plan must be made available to CoC members,
- Ensure the consistent participation of recipients and sub-recipients in the HMIS.

The Balance of State CoC (CoC) is accountable for the HMIS, even if another organization is designated to operate it.

The CoC is responsible for the following HMIS functions:

- Ensuring that an HMIS is used by the CoC and all recipients of CoC and ESG program funds to meet HUD's data collection, management, and reporting standards.
- Requiring recipients and sub-recipients of CoC and ESG funds to collect data on individual clients and provide housing and/or services to homeless individuals and families, and persons at risk of homelessness.

This Agreement shall be effective as of the date of the last signature hereunder, and shall remain in effect until terminated by either party by written notice to the other party at least thirty calendar days prior to the effective date of termination. Amendments to this Agreement must be in writing and signed by both parties.

For the Massachusetts Balance of State CoC:

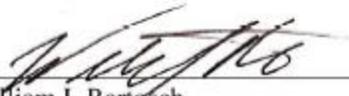


 Gordon Calkins
 DHCD-DHS Federal Contract Manager

8/19/16

 Date

For DHCD:



 William J. Bartosch
 DHCD, Director, Quality Assurance, Technology, Training,
 Research, and Evaluation

8/19/16

 Date

Charter Addendum and Amendment Tracking

Date	Amended by	Amendment
05/01/14	Advisory Board	Article VI, Section 1: Added, “ Veterans’ Committee : The Committee is responsible for coordinating housing and services to homeless veterans throughout the BoS geographic area.”
05/01/14	Admin Committee	Added Charter Addendum and Amendment Tracking chart to the end of the document
09/19/2014	Advisory Board	Article IV, Section 4 Amended to include Advisory Board authority to adjust project ranking, including limitations of that authority.
5/27/2015	Advisory Board	Article VI, Section 1: Added “ Coordinated Entry Committee ” to the committee listing and included basic scope of the committee’s responsibilities
6/20/16	Advisory Board	Article IV, Section 1 Amended to include Domestic Violence, youth and Substance Abuse / Mental Health Providers as well as 2 At large elected members. Article IV, Section 2 Struck language outlining original seating of Advisory board and amended to include process for election and inclusion of 2 at large members. Article IV, Section 3 Struck “Undersecretary of the Department...or”
8/9/16	HMIS Committee	Attached revised HMIS Governance agreement to the Governance Charter
8/9/16	Advisory Board	Article VII Nondiscrimination policy expanded
9/28/17	Advisory Board	Article IV Section 2 Added the sentence “At-Large board members also serve on the Project Evaluation Committee” to assure that the committee always has nonprofit representation
9/28/17	Advisory Board	Article IV Section 4 Changed the name of the committee from “Project Ranking and Review Committee” to “Project Evaluation Committee” in order to make it consistent throughout the document and more accurately reflect the full scope of the work of the committee
9/28/17	Advisory Board	<p>Article VI Section 1 page 4:</p> <ul style="list-style-type: none"> • Changed the name of the committee from “Project Ranking and Review Committee” to “Project Evaluation Committee” in order to make it consistent throughout the document and more accurately reflect the full scope of the work of the committee. • Added the phrase “oversees project performance outcomes” to the introductory sentence to more accurately reflect that portion of their responsibilities as the committee charged with project evaluation. • Added the phrase “The Committee is made up of the two At-Large Board members as elected by the planning group and staff members from the DHCD Federal Grants and HMIS units” to be clear about the structure of the committee • Two new paragraphs were added that outline two new responsibilities for the committee. “<u>Performance Outcomes</u>: The Committee oversees the development and maintenance of performance evaluation tools, including monitoring and ranking tools, to assure that projects are being measured for regulatory compliance and for outcomes that reflect the priorities of funders and the Continuum. <u>New Project Procurement Response Review</u>: The Committee drafts and publishes, subject to state procurement law and Department of Housing and Community Development approval, requests for project proposals to include with each year’s NOFA, or other funding opportunities. Requests will reflect the priorities of potential funding streams and the Continuum. The Committee reviews all proposals submitted using criteria set forth in the request for proposals and makes final selection(s) for any project(s) that will be included in the CoC’s application. • Various changes were made to the manner in which the committee will do the work of Project ranking. Specifically, it will form small groups of volunteers, who are not necessary committee members to do the work of scoring each project, but then take those scores and make recommendations with the smaller committee, rather than in the large set of the committee and volunteers together. Those changes look like this: <u>Project Ranking</u>: The Committee uses objective scoring criteria set by Advisory Board. The Committee first forms small teams of volunteers and reviews the use of scoring tools. Then small team members review and score assigned CoC applications and APRs. Each team then reaches consensus (may be done electronically on each project’s overall score. The small teams report scores to the Committee who then convenes to review all scores, rank the projects, and make recommendations to the Advisory Board for final ranking.

2018 HDX Competition Report

PIT Count Data for MA-516 - Massachusetts Balance of State CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count	2008	2080	2296
Emergency Shelter Total	1695	1,609	1,834
Safe Haven Total	0	0	9
Transitional Housing Total	252	302	283
Total Sheltered Count	1947	1911	2126
Total Unsheltered Count	61	169	170

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	281	144	205
Sheltered Count of Chronically Homeless Persons	274	107	158
Unsheltered Count of Chronically Homeless Persons	7	37	47

2018 HDX Competition Report

PIT Count Data for MA-516 - Massachusetts Balance of State CoC

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	555	526	547
Sheltered Count of Homeless Households with Children	555	526	547
Unsheltered Count of Homeless Households with Children	0	0	0

Homeless Veteran PIT Counts

	2011	2016	2017	2018
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	8	5	19	65
Sheltered Count of Homeless Veterans	8	5	18	56
Unsheltered Count of Homeless Veterans	0	0	1	9

2018 HDX Competition Report

HIC Data for MA-516 - Massachusetts Balance of State CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2018 HIC	Total Beds in 2018 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	1218	43	1031	87.74%
Safe Haven (SH) Beds	10	0	0	0.00%
Transitional Housing (TH) Beds	303	161	18	12.68%
Rapid Re-Housing (RRH) Beds	340	0	14	4.12%
Permanent Supportive Housing (PSH) Beds	1220	10	549	45.37%
Other Permanent Housing (OPH) Beds	272	8	66	25.00%
Total Beds	3,363	222	1678	53.42%

2018 HDX Competition Report

HIC Data for MA-516 - Massachusetts Balance of State CoC

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	384	546	511

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC	2018 HIC
RRH units available to serve families on the HIC	37	93	112

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC
RRH beds available to serve all populations on the HIC	105	316	340

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Summary Report for MA-516 - Massachusetts Balance of State CoC

For each measure enter results in each table from the System Performance Measures report generated out of your CoCs HMIS System. There are seven performance measures. Each measure may have one or more “metrics” used to measure the system performance. Click through each tab above to enter FY2017 data for each measure and associated metrics.

RESUBMITTING FY2017 DATA: If you provided revised FY2017 data, the original FY2017 submissions will be displayed for reference on each of the following screens, but will not be retained for analysis or review by HUD.

ERRORS AND WARNINGS: If data are uploaded that creates selected fatal errors, the HDX will prevent the CoC from submitting the System Performance Measures report. The CoC will need to review and correct the original HMIS data and generate a new HMIS report for submission.

Some validation checks will result in warnings that require explanation, but will not prevent submission. Users should enter a note of explanation for each validation warning received. To enter a note of explanation, move the cursor over the data entry field and click on the note box. Enter a note of explanation and “save” before closing.

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client’s entry, exit, and bed night dates strictly as entered in the HMIS system.

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

	Universe (Persons)			Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Submitted FY 2016	Revised FY 2016	FY 2017	Submitted FY 2016	Revised FY 2016	FY 2017	Difference	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
1.1 Persons in ES and SH	5735		3835	231		252	21	129		139	10
1.2 Persons in ES, SH, and TH	5824		3918	234		256	22	130		142	12

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

	Universe (Persons)			Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Submitted FY 2016	Revised FY 2016	FY 2017	Submitted FY 2016	Revised FY 2016	FY 2017	Difference	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	5814		3905	289		353	64	175		219	44
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	5842		3934	290		355	65	176		220	44

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)		Returns to Homelessness in Less than 6 Months			Returns to Homelessness from 6 to 12 Months			Returns to Homelessness from 13 to 24 Months			Number of Returns in 2 Years	
	Revised FY 2016	FY 2017	Revised FY 2016	FY 2017	% of Returns	Revised FY 2016	FY 2017	% of Returns	Revised FY 2016	FY 2017	% of Returns	FY 2017	% of Returns
Exit was from SO		0		0			0			0		0	
Exit was from ES		696		12	2%		12	2%		17	2%	41	6%
Exit was from TH		38		2	5%		0	0%		0	0%	2	5%
Exit was from SH		0		0			0			0		0	
Exit was from PH		90		1	1%		4	4%		2	2%	7	8%
TOTAL Returns to Homelessness		824		15	2%		16	2%		19	2%	50	6%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2016 PIT Count	January 2017 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	2008	2080	72
Emergency Shelter Total	1695	1609	-86
Safe Haven Total	0	0	0
Transitional Housing Total	252	302	50
Total Sheltered Count	1947	1911	-36
Unsheltered Count	61	169	108

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Unduplicated Total sheltered homeless persons	5863		3947	-1916
Emergency Shelter Total	5774		3864	-1910
Safe Haven Total	0		0	0
Transitional Housing Total	92		87	-5

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	206		302	96
Number of adults with increased earned income	18		21	3
Percentage of adults who increased earned income	9%		7%	-2%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	206		302	96
Number of adults with increased non-employment cash income	59		77	18
Percentage of adults who increased non-employment cash income	29%		25%	-4%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	206		302	96
Number of adults with increased total income	69		87	18
Percentage of adults who increased total income	33%		29%	-4%

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	71		93	22
Number of adults who exited with increased earned income	9		12	3
Percentage of adults who increased earned income	13%		13%	0%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	71		93	22
Number of adults who exited with increased non-employment cash income	29		26	-3
Percentage of adults who increased non-employment cash income	41%		28%	-13%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	71		93	22
Number of adults who exited with increased total income	35		37	2
Percentage of adults who increased total income	49%		40%	-9%

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	3738		2578	-1160
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	602		465	-137
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	3136		2113	-1023

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	3892		2686	-1206
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	655		481	-174
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	3237		2205	-1032

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2017 (Oct 1, 2016 - Sept 30, 2017) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Persons who exit Street Outreach	70		29	-41
Of persons above, those who exited to temporary & some institutional destinations	3		2	-1
Of the persons above, those who exited to permanent housing destinations	0		7	7
% Successful exits	4%		31%	27%

Metric 7b.1 – Change in exits to permanent housing destinations

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	4212		2977	-1235
Of the persons above, those who exited to permanent housing destinations	947		754	-193
% Successful exits	22%		25%	3%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Persons in all PH projects except PH-RRH	616		561	-55
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	560		537	-23
% Successful exits/retention	91%		96%	5%

2018 HDX Competition Report FY2017 - SysPM Data Quality

MA-516 - Massachusetts Balance of State CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports in order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

2018 HDX Competition Report FY2017 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017
1. Number of non-DV Beds on HIC	1106	1215	1307	1271	369	142	171	150	1038	1106	1286	1443			105	316				
2. Number of HMIS Beds	771	1102	1269	1220	231	77	75	66	707	718	803	848			105	46				
3. HMIS Participation Rate from HIC (%)	69.71	90.70	97.09	95.99	62.60	54.23	43.86	44.00	68.11	64.92	62.44	58.77			100.00	14.56				
4. Unduplicated Persons Served (HMIS)	7298	6908	5789	3867	153	132	92	87	424	395	619	573	58	68	21	13	333	143	324	264
5. Total Leavers (HMIS)	4563	4454	4086	2573	79	89	41	58	108	87	136	83	19	28	19	7	331	11	95	27
6. Destination of Don't Know, Refused, or Missing (HMIS)	3494	2856	1913	1185	35	21	7	17	17	14	45	5	13	7	7	0	183	10	92	17
7. Destination Error Rate (%)	76.57	64.12	46.82	46.06	44.30	23.60	17.07	29.31	15.74	16.09	33.09	6.02	68.42	25.00	36.84	0.00	55.29	90.91	96.84	62.96

2018 HDX Competition Report

Submission and Count Dates for MA-516 - Massachusetts Balance of State CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2018 PIT Count	1/31/2018	

Report Submission Date in HDX

	Submitted On	Met Deadline
2018 PIT Count Submittal Date	4/27/2018	Yes
2018 HIC Count Submittal Date	4/27/2018	Yes
2017 System PM Submittal Date	5/31/2018	Yes

MA 516 adopted, in whole HUD's Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status and incorporated it into this document of our Coordinated Entry Policies and Procedures.

It can be found on pages 29-42 below

Balance of State Continuum of Care Coordinated Entry Policies and Procedures

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OVERVIEW

Overview of Coordinated Entry

Coordinated Entry refers to the process used to assess and assist in meeting the housing needs of people experiencing homelessness. Key elements of coordinated entry include:

- The use of standardized assessment tools to assess consumer needs;
- Referrals, based on the results of the assessment tools, to appropriate housing interventions
- Capturing and managing data related to assessment and referrals in a Homeless Management Information System (HMIS); and
- Prioritization of consumers with the most barriers to returning to housing for the most cost- and service-intensive interventions.

The implementation of coordinated entry is now a requirement of receiving certain funding (namely Emergency Solutions Grant and Continuum of Care funds) from the Department of Housing and Urban Development (HUD) and is also considered national best practice. When implemented effectively, coordinated entry can:

- Reduce the amount of research and the number of phone calls people experiencing homelessness must make before finding crisis housing or services;
- Reduce new entries into homelessness through coordinated system wide diversion and prevention efforts;
- Prevent people experiencing homelessness from entering and exiting multiple projects before getting their needs met;
- Reduce or erase entirely the need for individual provider wait lists for services;
- Foster increased collaboration between homelessness assistance providers; and
- Improve a community's ability to perform well on Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act outcomes and make progress on ending homelessness.

This Document

These policies and procedures will govern the implementation, governance, and evaluation of coordinated entry in the Balance of State Continuum of Care. These policies, once adopted, may only be changed by the approval of the Continuum of Care (CoC) Advisory Board based on recommendations from the Coordinated Entry Committee of the CoC, a body described in greater detail beginning on page 7.

Basic Definitions

- **Provider** – Organization that provides services or housing to people experiencing or at-risk of homelessness
- **Project** – A specific set of services or a housing intervention offered by a provider.
- **Consumer** – Person at-risk of or experiencing homelessness or someone being served by the coordinated entry process
- **Housing Interventions** – Housing projects and subsidies; these include transitional housing, rapid re-housing, and permanent supportive housing programs, as well as permanent housing subsidy programs (e.g. VASH)

Target Population

This process is intended to serve people experiencing homelessness with ties to the communities of the Balance of State Continuum of Care. Homelessness will be defined in accordance with the official HUD definition of homelessness.¹

¹ The definition is available here:

https://www.onecpd.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf

Goals

The goal of the coordinated entry process is to provide each consumer with adequate services and supports to meet their housing needs, with a focus on returning them to housing as quickly as possible. Specifically, we are attempting to:

- Understand the needs of each homeless person and design individualized strategies accordingly.
- Focus CoC resources effectively on those with the greatest need.
- Place each homeless person into appropriate housing without requiring them to run from provider to provider searching.
- Have each project's and agency's processes be consistent with one another so that the highest quality planning and services occur regardless of where the individual person starts.
- To use the information gathered to better understand homelessness in the Continuum and across the Commonwealth

Guiding Principles

- **Consumer Choice:** Consumers will be given information about the projects available to them and have choice about which they want to participate in. At the point of assessment, participants can choose which community(ies) they wish to live in, what sort of housing type (congregate, SRO, Scattered Site, etc.) they would find acceptable. They have the ability to refuse any number of offers of housing without impact on their placement on the Coordinated Entry Registry. They are also engaged as key and valued partners in the implementation and evaluation of coordinated entry through forums, surveys, and other methods designed to obtain their thoughts on the effectiveness of the coordinated entry process.
- **Collaboration:** Because coordinated entry is being implemented system wide, it requires a great deal of collaboration between the CoC, providers, mainstream assistance agencies, funders, and other key partners. This spirit of collaboration will be fostered through open communication, transparent work by a strong governing council (the Coordinated Entry Committee), consistently scheduled meetings between partners, and consistent reporting on the performance of the coordinated entry process.
- **Accurate Data:** Data collection on people experiencing homelessness is a key component of the coordinated entry process. Data from the assessment process that reveals what resources consumers need the most will be used to assist with reallocation of funds and other funding decisions.
- **Performance-Driven Decision Making:** Decisions about and modifications to the coordinated entry process will be driven primarily by the need to improve the performance of the homelessness assistance system on key outcomes. These outcomes include reducing new entries into homelessness, reducing lengths of episodes of homelessness, and reducing repeat entries into homelessness. Changes may also be driven by a desire to improve process-oriented outcomes, including reducing the amount of waiting time for an assessment or housing referral.
- **Housing First:** Coordinated entry will support a housing first approach, and will thus work to connect households with the appropriate permanent housing opportunity, as well as any necessary supportive services, as quickly as possible.
- **Prioritizing the Most Vulnerable:** Coordinated entry referrals will prioritize the most vulnerable households for project beds and services. This approach will ensure an appropriate match between the most intensive services and the people least likely to succeed with a less intensive intervention, while giving people with fewer housing barriers more time to work out a housing solution on their own. This approach is most likely to reduce the average length of episodes of homelessness and result in better housing outcomes for all. To that end, the Continuum has adopted HUD's Notice CPD-14-012 issued July 28th, 2014 entitled "Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status" That notice creates, and by our adoption of it, we establish the following priorities:

1. Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.
2. Chronically Homeless Individuals and Families with the Longest History of Homelessness
3. Chronically Homeless Individuals and Families with the Most Severe Service Needs
4. All Other Chronically Homeless Individuals and Families

The full text of the notice can be found in Appendix D

THE COORDINATED ENTRY TOOLS AND PROCESSES

This section outlines and defines the key components of coordinated entry and how the coordinated entry process will work.

Tools

The Balance of State Coordinated Entry system consists of several processes forms and tools. The primary tools are listed here for your reference.

- The Coordinated Entry Vulnerability Assessment (see appendix A-1) is administered to determine barriers to housing and the relative vulnerability experienced by the homeless person being assessed.
- The Consent and Release Forms (see appendix A-2) authorizes the person conducting the assessment to share the information contained therein with the Coordinated Entry staff and the agency to which the assessed person will be referred
- The Housing Preference Form (see appendix A-3) helps to identify specific geographic needs or accommodations related to disabilities that the assessed person may require.
- Coordinated Entry Registry is the list of homeless persons in need of housing sorted in order of vulnerability.
- The Resource Directory is an online resource that is publically available and accessible to both project staff as well as directly by homeless persons. The Directory contains information about how to obtain a wide variety of mainstream and homeless specific resources and can be found at <https://hedfuel.azurewebsites.net/>. The resource is searchable by city and town.

System Processes

The first step in the continuum's Coordinated Entry process is completion of the Coordinated Entry Vulnerability Assessment packet (see appendices A-1 through A-3.) The packet includes the Coordinated Entry Vulnerability Assessment, the Consent and Release Form and the Housing Preference Form.

The assessment packet is primarily administered by staff working at, or embedded within homeless shelters and street outreach projects, though anyone can help a homeless person complete the forms. In addition, a homeless person can complete the assessment packet on their own and submit it without working directly with a provider if they so choose. Assessment packets may be requested by calling DHCD at 617-573-1100 or downloaded from the CoC's website at <http://www.mass.gov/hed/housing/stabilization/continuum-of-care-programs.html>.

Consumers may refuse to answer any of the questions in the assessment packet without consequence, aside from the natural consequences related to having inadequate information about potential vulnerabilities and barriers and therefore a lower vulnerability score. Lower vulnerability scores, as outlined below, are likely to result in a lengthier wait for a housing opportunity since opportunities are offered to those who are more vulnerable first.

Completed packets are then sent to the Coordinated Entry Registry. The list contains the basic information about the barriers and vulnerabilities of each assessed person who has not yet been housed. Vulnerabilities incorporated into the list include length of homelessness, disabilities, and chronic medical conditions. Referrals to CoC funded Permanent Supportive Housing projects are made in order of vulnerability as vacancies occur. Care is taken to refer only persons who are likely eligible for the project with the vacancy and to refer people who have identified on their Housing Preference form that they would accept housing in the community where the vacancy is occurring. Variables considered for likelihood of eligibility include chronicity, substance abuse, mental health, veteran status, etc. These variable are examined in order to screen persons into projects that serve only those who have the variable and not to screen persons out of projects. It should be noted that in those cases where the vulnerability score is equal, HUD allows for additional prioritization. The Balance of State Continuum of Care will prioritize those who have served in the United States military for housing resources before those OF EQUAL VULNERABILITY who have not served in the US military.

All Balance of State CoC funded Permanent Supportive Housing projects, except those serving persons fleeing domestic violence, may fill vacancies only by referral from the Coordinated Entry Registry.

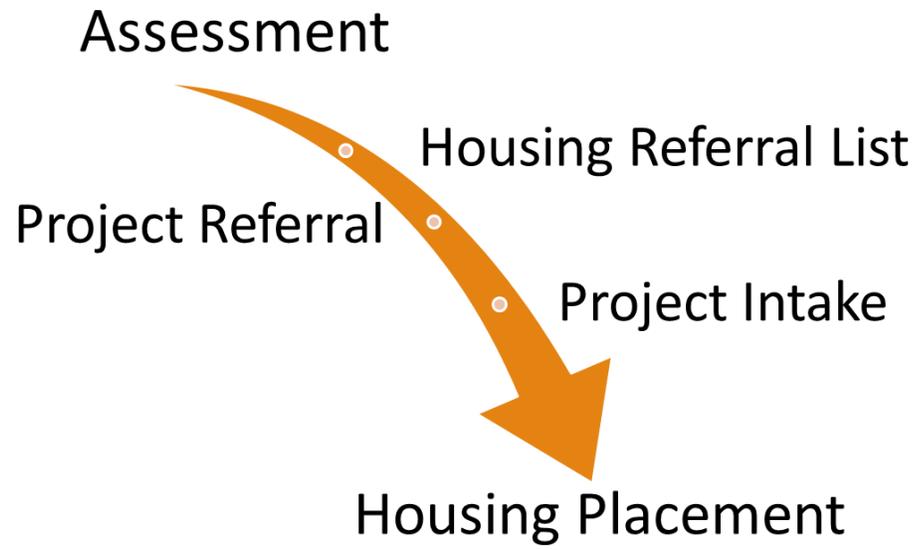
Once the project receives the referral from the Coordinated Entry Registry, they will arrange an intake interview. Coordinated Entry Staff will also contact the consumer to assure that the connection has been made. The project staff will review the referred person's case for eligibility and may reject them only if they are found to be ineligible.

Potential project participants may reject offers of housing without consequence to their standing on the Coordinated Entry Registry. It is understood that sometimes people will reject housing for excellent reasons that they are reluctant, or unable to share.

Occasionally, a sub recipient may require many referrals at one time, sometimes for multiple projects. In circumstances where a sub recipient has more than 10 vacancies, or has a greater than 50% of its units vacant, the project sub recipient and/or service provider may request a temporary alteration in the processes. Those altered processes may include the ability to place referrals in the most appropriate projects with vacancies. Other altered processes may be negotiated on a case by case basis. Those process alterations shall not include selecting persons from sources other than the Coordinated Entry System, requiring tenants to participate in services, or selecting less vulnerable persons from the Coordinated Entry list when more vulnerable, otherwise eligible persons are available.

Requests to the Coordinated Entry Committee for these sorts of process alterations may be made by the sub-recipient and/or service provider by communicating directly with the [chair of the committee](#). The committee will meet and make a determination about what, if any alterations will be made.

Once accepted, a project enrollment will be arranged and the person will enter the project.



DECLINED REFERRALS AND GRIEVANCE PROCEDURES

Project Declined Referral

There may be rare instances where projects decide not to accept a referral from the coordinated entry process. Refusals are acceptable only in certain situations, including:

- The person does not meet the project’s eligibility criteria;
- The person would be a danger to others or themselves if allowed to stay at this particular project; and
- The person has previously caused serious conflicts within the project (e.g. was violent with another consumer or project staff).
- The person is unable to be reached by either the project staff attempting to contact them or by the staff of the program that placed them on the list in the first place. “Unable to be reached” shall be defined as either contact information no longer works (i.e. phone number is inactive or goes to someone else) or contact information does work but no one responds to messages for more than 7 days.

If the project determines a consumer is not eligible for their project after they have received the referral from the coordinated entry system, the project will notify the Coordinated Entry staff person that manages the registry so that an alternative referral can be made. Within 48 hours of their denial of entry into the project, a representative from the project that refused them, must inform the person not being accepted into the project of their rejection. Care will be taken by Coordinated Entry staff to refer only participants that appear to be eligible for the project. If a project is consistently refusing referrals (more than 1 out of every 4) they will need to meet with the Coordinated Entry Committee to discuss the issue that is causing the refusals.

Provider Grievances

Providers should address any concerns about the process to the Coordinated Entry Committee, unless they believe a consumer is being put in immediate or life-threatening danger, in which case they should deal with the situation immediately. A summary of concerns should be provided via email to the Coordinated Entry specialist who acts as the chair of the Coordinated Entry Committee. The chair of the committee should then schedule for that provider’s representative to come to the next available Coordinated Entry Committee so the issue can be resolved. If it needs more immediate resolution, the chair will be in charge of determining the best course of action to resolve the issue.

Consumer Grievances

The person that administered the assessment or another staff person from that agency should address any complaints by consumers as best as they can in the moment. These sorts of complaints may include how they were treated by staff, violation of confidentiality agreements by staff, complaints about discrimination by a staff person, a project or the system as a whole, etc. Complaints about the larger process and system should be referred to the chair of the Coordinated Entry Committee to be dealt with in a similar process to the one described above for providers. The process for consumer complaints related to potential discrimination are more fully explained later in this document under [Fair Housing and Equal Opportunity Requirements](#).

REMOVING PEOPLE FROM THE COORDINATED ENTRY REGISTRY

Persons on the Coordinated Entry Registry will not be removed for refusing an offer of housing, or for failing to respond to an invitation to meet about housing, or for failing to attend a meeting for screening for housing.

When a project attempting to screen a referral and they are unable to be reached ([see definition above](#)) the project staff will contact the Coordinated Entry Specialist who attempt to reach the client through the referral source. If that is unsuccessful, the Coordinated Entry Specialist will give the program a new referral and the unreachable client will be marked inactive, and remain in that status until such time as they are either removed from the list (see below) or are either re-referred to the list or the Coordinated Entry Specialist is notified that they have been found.

At that time, if they have been inactive for more than six months, the Committee shall request a new Coordinated Entry Vulnerability Assessment be completed to determine if their situation has changed in such a way as to impact their vulnerability score. Upon completion of that, they shall be returned to the Coordinated Entry Registry.

Persons shall only be removed from the list if any of the following conditions are met:

- They are placed in Permanent Housing.
- They request removal.
- They are known to have left the area permanently.
- They die.

GOVERNANCE

Roles and Responsibilities

The coordinated entry process will be governed by the Coordinated Entry Committee of the CoC. This group will be responsible for:

- Investigating and resolving consumer and provider complaints or concerns about the process, other than declined referrals (which will be dealt with using the process described on page 4);
- Providing information and feedback to the CoC, CoC Board, Planning Group, and the community at-large about coordinated entry;
- Evaluating the efficiency and effectiveness of the coordinated entry process;
- Reviewing performance data from the coordinated entry process; and
- Recommending changes or improvements to the process, based on performance data, to the CoC and CoC Board.

Policies and Procedures

Committee Composition This committee will include the following seats:

- A representative from an agency providing emergency shelter;
- A representative from an agency providing street outreach
- A representative from an agency providing CoC funded Permanent Supportive Housing
- A representative from the Department of Public Health
- A representative from the Department of Mental Health
- A representative from the Department of Veterans Services
- The Coordinated Entry System Specialist, or other designee from DHCD who shall act as the Committee Chair

Committee Chair The chair will be responsible for:

- Putting together an agenda for each meeting, based on communications or agenda items submitted by providers or consumers;
- Serving as the point of contact for anyone seeking more information or having concerns about the coordinated entry process; and
- Ensuring minutes are taken at each meeting of the committee.
- Generating biannual and annual reports as outlined in [System Performance and Evaluation](#) below.

Meeting Schedule and Agenda

The committee will meet at least monthly from the outset of the Coordinated Assessment System through the conclusion of the Evaluation stage (see “Evaluation on page number 7) After that point, the chair will determine if monthly meetings are still necessary. The Committee will meet no less than quarterly.

Voting Procedures

Decisions in the Coordinated Entry Committee will be made based on a majority vote by Committee members. Any decisions that would lead to a modification of the coordinated entry process, including changes to the assessment tool or policies and procedures, must be approved by majority vote by the Coordinated Entry Committee AND approved by the CoC Board.

Conflicts of Interest

If at any point a provider or consumer wishes to address a complaint or grievance with a provider or state agency that has a representative on the Coordinated Entry Committee, that particular member must recuse themselves from participating in those proceedings or voting on the outcome of that particular issue.

OTHER POLICIES AND PROCEDURES

Domestic Violence Programs

Shelter and Transitional Housing:

The Balance of State CoC has adopted the Commonwealth's already existing process of accessing shelter and transitional housing for those fleeing domestic violence situations. That process is as follows: Survivors can contact [SafeLink](#), a resource for anyone affected by domestic or dating violence. Each call is answered by a trained advocate who provides non-judgmental support, assistance with safety planning, and information on appropriate resources.

SafeLink's state-of-the-art technology allows the advocate answering the call to keep the caller on the line while they are being connected to a resource in their area, getting them help in just a single call. The SafeLink toll-free number is **(877) 785-2020**. Hearing impaired callers may use the SafeLink TTY number at **(877) 521-2601**. Advocates are bilingual in English and Spanish and have access to a service that can provide translation in more than 130 languages.

People may call SafeLink for:

- Safety planning resources for survivors to learn how they and their families can stay safe.
- A safe and confidential space in which to talk about your relationship or someone else's.
- A direct connection to domestic violence programs across Massachusetts including shelter and transitional housing
- Referrals to local domestic violence and other community resources
- Support and resources for anyone who is concerned about a victim of domestic violence
- Information about domestic and dating violence

Permanent Supported Housing:

The Balance of State Continuum of Care has a single PSH program for Domestic Violence Survivors which operates using project based housing choice vouchers. All DV shelters and transitional housing programs in the Commonwealth will assist persons in their programs in accessing the list for this, and other project based housing choice voucher programs in the Commonwealth.

Survivor Access to Coordinated Entry:

No person may not be denied access to the coordinated entry process on the basis that the person is or has been a victim of domestic violence, dating violence, sexual assault or stalking.

Emergency Transfer Planning for Victims of Domestic Violence

The Balance of State Continuum of Care is concerned about the safety of the tenants in all of our CoC funded housing and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the [Violence Against Women Act](#) (VAWA), CoC-funded project providing permanent housing or transitional housing, except safe havens, must allow tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability of a housing project to honor such a request for tenants currently receiving rental assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether the housing provider has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer; the documentation needed to request an emergency transfer; confidentiality protections; and how an emergency transfer may occur. In addition, it provides guidance for tenants on safety and security. The plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the federal agency which ensures that HCCSC and the CoC- funded providers within its geographic area in compliance with VAWA. Note that housing providers are also subject to additional requirements under VAWA and HUD regulations implementing VAWA at 24 CFR part 5, subpart L, and at 24 CFR part 578.

Eligibility for Emergency Transfers A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L (a copy of which is attached), is eligible for an emergency transfer, if:

- The tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit; or
- The tenant is a victim of a sexual assault, and the sexual assault occurred on the premises within the 90-day period preceding a request for an emergency transfer.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

Emergency Transfer Request Documentation To request an emergency transfer, a tenant must notify the Director of the housing project in which they are enrolled and submit a written request for a transfer to that individual. The tenant may request and shall be entitled to receive assistance in this process from their case manager. The tenant's written request for an emergency transfer should include either:

1. A statement expressing why the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains in the same dwelling unit assisted under the housing provider's project; or
2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-day period preceding the tenant's request for an emergency transfer.

It is not necessary that the tenant complete a specific form.

The housing project may request additional documentation from a tenant in accordance with the documentation policies of HUD's regulations at 24 CFR part 5, subpart L.

Confidentiality The housing project will keep confidential any information that the tenant submits in requesting an emergency transfer, unless the tenant gives the housing project written permission to release the information or disclosure of the information is required by law or in the course of an eviction or termination proceeding. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the

person or persons that committed the act or acts of domestic violence, dating violence, sexual assault, or stalking against the tenant.

Emergency Transfer Timing and Availability The housing project cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. However, the housing project will act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to the availability and safety of a unit. If the housing project does not expect to have another unit available within a reasonable period of time, it will secure a release from the tenant to share information with the Coordinated Entry System and, using an Emergency Transfer Form (see [Attachment a](#) below), notify the Coordinated Entry System within 1 business day of receipt of a request. The Coordinated Entry system will work with the housing project to identify a new unit within the CoC's inventory of projects and units, and will prioritize the requested transfer above all other housing placements. The housing project will also contact other, non-CoC housing projects in the area to determine whether they have an available unit. If a unit is available, the tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant is being transferred.

Households who qualify for an emergency transfer but where a safe unit is not immediately available for an internal emergency transfer, shall have priority over all other applicants for CoC funded rental assistance, transitional housing, and permanent supportive housing projects, provided that: The individual or family meets all eligibility criteria required by Federal law or regulation or HUD NOFA; and the individual or family meets any additional criteria or preferences established in accordance with § 578.93(b)(1), (4), (6), or (7). The individual or family shall not be required to meet any other eligibility criteria or preferences for the project. The individual or family shall retain their original homeless or chronically homeless status for the purposes of the transfer.

In tenant based rental assistance projects, if a family household separates in order to effect an emergency transfer, the leasing or rental assistance remains with the household members fleeing. The household members remaining in the original unit, being ineligible for the project, shall not be entitled to retention of the assistance.

Safety and Security of Tenants Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe. The tenant is encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).

Attachment A: [Emergency Transfer Request form](#). This form, or comparable documentation must be used by agencies operating CoC housing projects to initiate an emergency transfer by Coordinated Entry. Housing providers should assure they also have a properly executed release of information to request the transfer from the Coordinated Entry System, and may submit the form electronically to DHCDcocapplications@mass.gov, with the subject line "Emergency Transfer Request" to assure immediate attention. In the event that submitting electronically is not available, the form may be hand delivered to Karla Sordia at 100 Cambridge St., Boston MA.

Geographic Restrictions

The Balance of State CoC Coordinated Entry System is designed to serve the people and projects located within the geographic area of the Continuum. While some very old projects funded through the CoC exist, at least partially, outside the CoC's geography, those portions of those projects are expected to participate in the Coordinated Entry system of the Continuum of care in which they are physically located. Occasional exceptions to this policy may be considered upon formal written request from the project sub-recipient to the Chair of the Coordinated Entry Committee and/or the Federal Grants Manager listed in [Contact Information](#) below.

All project participants in projects covered by the Balance of State CoC's Coordinated Entry System must reside within the geographic area of the continuum. However, on June 16, 2016, the Department of Housing and Urban Development (HUD) published a rule amending CoC Program regulations to allow program participants receiving CoC tenant-based rental assistance (TBRA) to choose housing outside of the CoC's geographic area, subject to certain conditions. Specifically, program participants may select a housing option outside of the Balance of State's geographic area in all cases where they are fleeing a domestic violence situation, and there is no safe area within the CoC in which they may live, or in other instances where the CoC can meet its regulatory requirements. Tenant-Based Rental Assistance Project participants may request to live outside the CoC's geographic area by submitting a letter explaining the circumstances leading to their request to the Federal Grants Manager listed in [Contact Information](#) below.

The Balance of State's Coordinated Entry System is open to persons who wish to live within its geography, regardless of their current place of residence or formal ties to its geography. However, no person from outside the geographic area of the continuum shall be granted permission to enter into a lease outside of the CoC. The purpose of this policy is to avoid having the limited resources of the continuum utilized by persons without ties to the continuum and without intent to live within the continuum.

Outreach

The Coordinated Entry System is freely available to the public directly at the Continuum's website located at <http://www.mass.gov/hed/housing/stabilization/continuum-of-care-programs.html>. Forms and instructions can be downloaded directly from the site.

In addition, the staff from Continuum shelters and CAP agencies, municipal and state agency partners, clergy, libraries, and nonprofit partners are offered regular training in helping persons access the Coordinated Entry System. Trainings are conducted at least quarterly and covering, at minimum, two areas – processes to connect persons to the Coordinated Entry System, and processes to obtain referrals from the coordinated Entry System. All training sessions are announced at Planning Group meetings, published in minutes for those meetings and advertised using the [@MABoSCoC](#) twitter account. In addition, biannual mailings outlining the Coordinated Entry system and how to access it will be sent to each municipal administrator, Veteran Service Officer, CAP Agency Executive Director, police chief and municipal head librarian for each community with the Continuum.

Homelessness Prevention

Unlike other interventions within the Coordinated Entry System, Prevention occurs before a household falls into homelessness. Because the other interventions utilize the homelessness registry the processes described elsewhere in these policies and procedures don't engage with those in need of a prevention intervention until it is too late to be of service. For those reasons, this section outlines Prevention Resources and how the Coordinated Entry System interacts with them as a referral source.

The Balance of State CoC, in conjunction with State and local partners, made available a number of homelessness prevention resources including:

- [Emergency Solutions Grant](#)
- [Tenancy Preservation Projects](#)
- [Homebase](#)
- [RAFT](#)

These resources are administered by providers embedded in the various regions of the continuum and may be accessed directly by persons needing it, or via referral from service providers or DHCD.

The various prevention resources have differing, but overlapping eligibility criteria and also serve distinct cities and towns within the continuum. The providers administering the resources are able to screen for all of them and connect the household requesting assistance with the most appropriate resource for which they are eligible.

Balance of State ESG Prevention Subrecipients are responsible for screening and determining eligibility for prevention resources. Eligibility for ESG must be determined based on the eligibility criteria established by HUD. Households who do not meet required ESG eligibility standards are not eligible for services.

Prevention providers are required to serve all eligible households, in the order they are received and may not limit eligibility for prevention resources based on criteria outside those established by the CoC in this policy, or by HUD.

The Balance of State Continuum of Care "[Find a Service Provider](#)" link on its website helps anyone navigating to or through it to identify the homelessness prevention provider in their area. In addition, the Balance of State Coordinated Entry and other staff frequently field phone calls from community members looking for these resources. In those cases, the staff connect households facing homelessness directly with the homeless prevention service provider in their area.

Rapid Rehousing

Rapid Rehousing (RRH) programs funded through the continuum of care and emergency solutions grant provide help with rent, security deposit and other financial needs as well as supportive services to help people enter into an apartment. Both the financial assistance and supportive services generally end within six months of entering the apartment.

Because some people will need longer term financial assistance or want longer term supportive services, Rapid Rehousing programs will operate using client choice. While completing the [Housing Preference Form](#), each person accessing the Coordinated Entry System will have an opportunity to opt out of RRH as a strategy they are not interested in. As RRH resources become available, they will be offered to persons who have indicated that they are interested in the strategy in the same manner as described in the [System Processes](#) section above. Access to Continuum of Care and Emergency Solutions Grant Rapid Rehousing resources is granted only through the Coordinated Entry process, so as to assure that most vulnerable persons are housed first.

The continuum, along with DHCD, ESG entitlement communities, and ESG sub recipients will monitor overall spending of ESG RRH and prevention funding. ESG providers who are underspending in one component of services (i.e. prevention or RRH) may be encouraged to work with their ESG funder (DHCD or entitlement community) to reallocate their funding to a different component of services.

Congregate Settings

Congregate settings, especially housing first congregated settings where there may be very few eligibility criteria aside from homelessness, shall function within the Coordinated Entry system in the same manner as any other setting with the following exception. Because rapidly filling a program at a time when there is not yet an established programmatic culture can create unsafe situations, process alterations may be made at initial lease up for new projects, or at any time when a project is attempting to fill a significant percentage of its beds at the same time. In circumstances where a single project has more than 10 vacancies, or a program serving more than 10 households has a greater than 50% of its units vacant, the project sub recipient and/or service provider may request a temporary alteration in the processes. Those altered processes may include filling the project more slowly and requiring

eligibility for services that will be provided. Those process alterations shall not include selecting persons from sources other than the Coordinated Entry System, requiring tenants to participate in services, or selecting less vulnerable persons from the Coordinated Entry list when more vulnerable, otherwise eligible persons are available.

Requests to the Coordinated Entry Committee for these sorts of process alterations may be made by the sub-recipient and/or service provider by communicating directly with the [chair of the committee](#). The committee will meet and make a determination about what, if any alterations will be made.

Fair Housing and Equal Opportunity Requirements

The Balance of State Continuum of Care Coordinated Entry System to complies fully with all applicable fair housing and civil rights requirements in 24 CFR 5.105(a), including, but not limited to, the Fair Housing Act; Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; Title II of the Americans with Disabilities Act; and Section 109 of the Housing and Community Development Act of 1974. Under federal and state law, DHCD does not discriminate on the basis of race, color, sex, sexual orientation, gender identity, national origin, religion, creed, age, disability, familial status, children, marital status, military / veteran status, receipt of public assistance/housing subsidy, ancestry, and genetic information. To file a complaint of discrimination, you may contact the Associate Director, Division of Housing Stabilization, DHCD, 100 Cambridge St., 4th Floor, Boston, MA 02114, tel. (617) 573-1137, TTY (617) 573-1140 for the deaf or hard-of-hearing.

The Coordinated Entry System and its projects will not discriminate on the basis of race, color, sex, sexual orientation, gender identity, religion, age, handicap, disability, or national origin in participating in and accessing housing through the Coordinated Entry System:

- Deny to any applicant the opportunity to apply for housing, nor deny to any eligible applicant the opportunity to lease housing suitable to its needs;
- Provide housing which is different from that provided others;
- Subject a person to segregation or disparate treatment;
- Restrict a person's access to any benefit enjoyed by others in connection with the housing program;
- Treat a person differently in determining eligibility or other requirements for admission;
- Deny a person access to the same level of services; or
- Deny a person the opportunity to participate in a planning or advisory group that is an integral part of the Coordinated Entry system.
- Steer a person toward any particular program for reasons related to race, color, sexual orientation, gender identity, religion, age, handicap, disability, or national origin

The Coordinated Entry System and its projects shall not automatically deny admission to a particular group or category of otherwise eligible applicants. Each applicant in a particular group or category will be treated on an individual basis.

Accessing the system by Persons with Communication Disabilities.

Non-Hearing and Non-Speaking – All materials required for accessing the Coordinated Entry System are in written format. Non-hearing and Non-Speaking persons may complete the forms by hand or on the computer without assistance. Shelters, outreach teams and other homeless service providers that may be assisting persons can, and are expected to provide assistance as the person may require.

In addition, Mass Relay is a free service for the residents of Massachusetts. It enables people who are deaf, hard of hearing, late-deafened, or speech disabled to communicate over the phone. Using any TTY device

(also free through Mass Relay), including a TTY enabled cell phone or smartphone to call 800-439-2370. When asked for the number to connect, the speech or hearing impaired person can simply request their closest shelter, outreach program or the Department of Housing and Community Services directly at 617-573-1339.

Visually Impaired – Shelters, outreach teams and other homeless service providers that may be assisting non-hearing persons can, and are expected to provide assistance as the person may require. This includes, but is not limited to reading the questions on the forms to the visually impaired person, recording their answers for them on the forms and submitting the forms to the system for inclusion on the registry.

CONTACT INFORMATION

Questions about these policies and procedures should be directed to:

Chair of the Coordinated Entry Committee

Karla Sordia

Karla.Sordia@mass.gov

Federal Grants Manager

Gordie Calkins

Gordon.Calkins@mass.gov

SYSTEM PERFORMANCE AND EVALUATION Performance Measures

- Average length of time the most vulnerable person on the list remained at the top place on the list.
- Average length of time all active waiting persons remained on the list.
- Average length of time all housed persons were on the list.
- Average vulnerability score.
- Mean vulnerability score.
- Number of persons returning to the list after having been housed.
- Percent of persons returning to the list after having been housed.

Evaluation Schedule, Process, and Reporting

The Coordinated Entry System shall undergo a complete system evaluation as each phase of implementation is completed and prior to the next phase's implementation and then at least twice annually after full implementation. The biannual evaluation process and corresponding report to the advisory board shall include data analysis, a review of unsolicited feedback (including feedback generated by the [grievance process outlined above](#)) and, collection of additional feedback which shall include at least, surveys, focus groups and individual interviews.

Surveys for housing providers, shelter and outreach staff, other homeless services providers and consumers shall be developed by the Coordinated Entry Specialist in conjunction with the Coordinated Entry committee and administered biannually.

Regional focus groups consisting of a wide array of providers, community partners, and consumers already occur annually throughout the Continuum of Care for the purposes of soliciting feedback and generating information for a gaps analysis and needs assessment. Additional questions and conversation about the Coordinated Entry System will be included in those regional focus groups. Consumers attending the focus groups will be invited to remain following the group for one on one conversations about Coordinated Entry.

An annual report shall be issued to the entire community on coordinated entry and homelessness assistance system outcomes. This report will include the system performance measures results, trends from month-to-month analysis of coordinated entry data, a synopsis of feedback about the Coordinated Entry system both solicited and unsolicited) as well as the total number of assessments and referrals made, successes to be shared, and a note from the Coordinated Entry Committee Chair on the process's progress. Major findings from this report should be presented at the Planning Group and Advisory Board the month it is released by the Coordinated Entry Committee.

Coordinated Entry Vulnerability Assessment Tool

Section 1: Misc. Vulnerability Points	
Have you ever served in the military? (for placement and veteran's services referral only)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Score 1 point if household had 6 or more members	
Score 1 point if Domestic Violence is the cause of homelessness (within 1 year)	
Score 1 point if applicant is over 60 years old	
Score 1 point if applicant is 18-24 years old	
Section 1 Total:	0

Section 2: Housing/Homelessness	
In this Section choose only one answer in each Part	
Part A.	
Tell me about where you have been staying/sleeping at night. (Choose where you have been sleeping most often)	
5	Homeless in a place not meant for human habitation
4	Homeless in a shelter
3	In Transitional Housing
2	In substandard housing and/or rent is not affordable (over 30% of income)
1	In stable housing that is only marginally adequate
0	Housing is safe, adequate, and affordable
Sub-total Part A	
0	
Part B.	
If in shelter or a place not meant for human habitation, how long have you been staying/sleeping there?	
3	More than 1 year
2	6 months to 1 year
1	1 to 6 months
0	Less than 30 days
Sub-total Part B	
0	
Part C.	
Answer Part C only if Part B is less than 1 year	
If homeless now, have you experienced periods of homelessness at least 4 times in the past 3 years?	
1	Yes
0	No
Sub-total Part C	
0	
Section 2 Total:	0

Coordinated Entry Vulnerability Assessment Tool

Section 3: Income/Employment In this Section choose only one answer in each Part		
Part A.	Do you have a steady income?	
4	No income	
2	Some income, not stable insufficient to afford unsubsidized housing	
1	Income from mainstream benefits, insufficient to afford unsubsidized housing	
0	Income from employment or mainstream benefits, sufficient to afford unsubsidized housing	
		Sub-total Part A
		0
Part B.	Do you have a job?	
5	No, I can't work due to disability	
4	No, I have significant barriers e.g. language barrier, no child care, no transportation, etc.	
2	Yes, but only a few hours a week and sometimes there is no work available / no but seeking a job	
1	Yes, I have a disability but work limited hours to supplement SSI/SSDI income	
1	Yes, I work part-time and have regular hours	
0	Yes, I work full-time	
		Sub-total Part B
		0
Section 3 Total:		0
Section 4: Mental Health/Substance Abuse In this Section choose only one answer in each Part		
Part A.	Have you been diagnosed a mental illness?	
3	Yes, I am not currently being treated for it	
2	Yes, I am under a doctor's care but I don't always take my medications / follow their instructions	
1	Yes, I am under a doctor's care and take my medication / follow the doctor's instructions	
0	No I do not have a mental illness	
		Sub-total Part A
		0
Part B.	Please tell us if you have a history of substance use disorder (SUD)	
4	Yes and I am currently using alcohol or drugs and not in recovery.	
3	Yes, but I have been in recovery for less than 6 months	
2	Yes, but I have been in recovery for 6 months to 1 year	
1	Yes, but I have been in recovery for more than 1 year	
0	I do not have a substance abuse problem	
Check here if you wish to be referred ONLY to programs providing substance abuse services		Sub-total Part B
		0
Part C.	Please tell us if you have overdosed on drugs or alcohol.	
2	I have had an overdose (OD) or alcohol poisoning within the past 12 months.	
		Sub-total Part C
		0
Section 4 Total:		0

Coordinated Entry Vulnerability Assessment Tool

Section 5: Physical Health In this Section choose only one answer in each Part		
Part A.	Do you have any chronic health conditions?	
3	Yes, I am not currently being treated for it/them	
2	Yes, I am under a doctor's care but I don't always take my medications / follow their instructions	
1	Yes, I am under a doctor's care and take my medication / follow the doctor's instructions	
0	No I do not have a chronic health condition	
Sub-total Part A		0
Part B.	Do you have trouble getting around due to a chronic health condition?	
3	Yes, I am in a wheelchair	
2	Yes, I depend on a cane / crutches for mobility	
1	Yes, I can walk a short distance without assistance, but with difficulty	
0	No, I don't have any trouble getting around	
Sub-total Part B		0
Part C.	Have you ever been diagnosed with HIV/AIDS? (We are only asking you this question as some programs are specifically for people living with HIV/AIDS and we want to know if you are eligible for them.)	
2	Yes	
0	No	0
Sub-total Part C		0
Part D.	How many times have you visited an hospital emergency room in the past 12 months?	
3	10 or more times	
2	5 to 9 times	
1	1 to 4 times	
0	I have not gone to the emergency room in the past 12 months	
Sub-total Part D		0
Section 5 Total:		0
Section 6: Sexual Orientation/Gender Identity		
Do you identify as LGBTQ?		
2	Yes	
0	No	
Section 6 Total:		0
Total Vulnerability Score:		0

APPENDIX A-2: Consent and Release Form

MA BALANCE OF STATE CONTINUUM OF CARE COORDINATED ENTRY SYSTEM FOR HOMELESS SERVICES CONSENT TO PARTICIPATE IN A SCREENING AND AUTHORIZATION TO SHARE PROTECTED HEALTH INFORMATION

Participant First Name	Participant Last Name	DOB (mm/dd/yyyy)
Unique Client Identifier (UCI) (does not have to be filled in at time of screening)		
UCI	Interviewer's Organization	Date of Interview
Interviewer's Name and Title		

We are asking you to participate in an interview and screening to enable us to share information about you with the Massachusetts Balance of State Continuum of Care (the CoC) for the purpose of enrolling you in the CoCs Coordinated Entry System.

Information about the Coordinated Entry System for Homeless Services: In the Massachusetts Balance of State Continuum of Care, homeless services, transitional housing, and other homeless resources are accessed through the Coordinated Entry System administered by the CoC. Services and housing in the CoC are prioritized for individuals and families who have been homeless for long period of time and have high service needs. The Coordinated Entry System allows for speedy matching of homeless individuals with the most appropriate housing resources. In addition to housing, supportive case management services are available to help individuals get the services they may need, such as primary health care, substance use treatment, and substance abuse recovery support services, to successfully stay in housing.

The CoC is a collaborative of state, county and local government agencies, social service providers, housing agencies, businesses, law enforcement and other organizations that serve homeless and formerly homeless persons in the Area. Attached to this Authorization is a list of organizations that are currently members of the Network. The organization conducting the interview is a member of the CoC. The CoC membership may change over time. At any time you may ask for a complete list of participating members by contacting the CoC at (617) 573-1339.

Screening: With your authorization, you will be interviewed today about your health and housing for the purpose of entering you into the CoC Coordinated Entry System. This should take about 20-30 minutes. You will be asked questions about your substance use, about your medical and mental health issues, about where you have lived and worked, and about any involvement with the criminal justice system. Most of the questions only require a "yes" or "no." Some questions require one-word answers.

Participation is Voluntary: Participation in the screening and the CoC Coordinated Entry System are completely voluntary. If you decide not to participate in the screening or to sharing your information, those decisions will: (1) not impact the services you may be receiving from the organization wanting to conduct your interview today; or (2) prevent you from participating in the Coordinated Entry System, but the ability of the Coordinated Entry System to help you will be substantially limited. To participate in the Coordinated Entry System without participating in the screening, contact the CoC at (617) 573-1339 or by writing to Joanna.Bowen@state.ma.us

If you agree to participate in the interview, you may ask to take a break or stop the interview at any time. If at any point you do not understand what is being asked, let the interviewer know and they will help you.

Enrollment in to the Coordinated Entry System - Who Will Be Receiving the Information from the Interview: With your authorization, the information collected from the interview will be enroll you into CoC Coordinated Entry System, determine your eligibility for various housing programs, and make referrals for other services on your behalf.

Important Rights and Other Information You Should Know.

- You may revoke your authorization to share the information with the CoC at any time by contacting the CoC at (617) 573-1339. If you revoke this authorization, the revocation will not apply to information that has already been used or disclosed.
- You may stop your participation in the Coordinated Entry System at any time by contacting the CoC at (617) 573-1339.
- The information shared with the CoC based on this authorization may be re-disclosed and may no longer be protected by federal or state privacy laws. Not all organizations and persons have to follow these laws.
- You have a right to a copy of this authorization once you have signed it. To obtain a copy, please ask the person who is interviewing you or contact the CoC at (617) 573-1339.

SIGN BELOW IF AGREEING TO BE INTERVIEWED AND TO SHARING YOUR INFORMATION

I have read (or have been read) the authorization and I agree to and understand the following:

- My responses to this interview, which consists solely of the completion of the Assessment Tool that is attached to this authorization, namely, the Coordinated Entry Vulnerability Tool, excluding social security number, will be shared by the interviewer with the CoC.
- My participation in this interview and the Coordinated Entry System does not guarantee that I will be eligible for a service or program, such as a housing program. I understand that if I am eligible for a service or program, it does not guarantee that I will receive them.
- The information I provide in the interview is true and complete to the best of my knowledge. I understand that the information I provide may be verified.
- This authorization will remain in effect until it is otherwise revoked or terminated.

My signature (or mark) below indicates that I have read (or have been read) and agree to the statements above and I agree to be interviewed and for my information to be shared with the Network. It also indicates that I have received a copy of this Authorization Form.

Date _____ Signature (or mark) of Participant _____

Signature of Interviewer _____

IMPORTANT: The additional Authorization for Release of Confidential Information for Individuals and Families with Histories of Substance Use Disorders, which is below, needs to be completed for the entry of any drug or alcohol information in the Balance of State Coordinated Entry System or the release of such information to the Network.

COORDINATED ENTRY SYSTEM
BALANCE OF STATE CONTINUUM OF CARE
CONSENT TO PARTICIPATE AND AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION
FOR INDIVIDUALS AND FAMILIES WITH HISTORIES OF SUBSTANCE USE DISORDERS

ABOUT THE COORDINATED ENTRY SYSTEM

You are invited to participate in the Coordinated Entry System of the Balance of State Continuum of Care (Bos CoC). The Bos CoC is funded by the Federal Department of Housing and Urban Development (HUD) through the Massachusetts Department of Housing and Community Development (DHCD). The purpose of the Bos CoC is to establish and maintain HUD-funded housing programs for Homeless and Chronically Homeless individuals and families within its geographical area (most of Suffolk, Middlesex, and Norfolk counties). The purpose of the Coordinated Entry System is to identify Homeless and Chronically Homeless individuals and families and to place them in housing as quickly as possible. If you choose to participate in the Bos CoC Coordinated Entry System administered by DHCD, you will be assisted to find appropriate housing as quickly as possible. You will be offered Supportive Case Management services along with the housing to help you find and keep the services you need, such as primary health care, substance abuse treatment, and substance abuse recovery support services, to stay in the housing successfully.

Your participation in the Coordinated Entry System is strictly voluntary.

You do not have to take part in this program. If you do take part in this program, you can leave the program at any time. If you decide to participate in this program, then information about you will be collected so the program can help place you in housing. With your permission, your information will be shared only with organizations that will help find you a place to live. If you do not give your permission to share your information, you can still participate in the Coordinated Entry System, but that will limit the amount of help the Coordinated Entry System will be able to give you.

COLLECTION AND USE OF INFORMATION

SCREENING AND ASSESSMENT

With your permission, the Coordinated Entry System worker will do a face-to-face interview with you to help find out which housing programs fit your needs. That worker will ask questions about your substance use, about your medical and mental health issues, about where you have lived and worked, and about any involvement with the criminal justice system.

42 CFR PART 2 REQUIREMENTS

When the Coordinated Entry System collects information on you, the government requires that information to be protected. When that information includes information about substance abuse, a diagnosis of substance use disorder, or treatment for substance use disorder, then there are special requirements to protect your substance-use information. Those special requirements are described on the next page. Your information can be shared with other organizations only with your permission. It will be used only to help place you in housing. To do that, your information will be entered into DHCD's Coordinated Entry System's data system. If you consent, we would like you also to provide us with the name, address, and phone number of another individual who will know how we can get in touch with you.

We take steps to protect the privacy and the security of the information collected about you. Information regarding substance use and treatment collected about you for the Bos CoC Coordinated Entry System is protected under federal laws: Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (45 CFR Parts 160 & 164). Your information cannot be shared without your permission, unless otherwise permitted by those laws.

I, _____ (Print the name of the person giving consent to this release of information on the line above) have read and fully understand this consent form and I wish to participate in the Bos CoC Coordinated Entry System.

I agree to the following:

- I authorize the Bos CoC Coordinated Entry System to do screening and assessment in order to refer me to appropriate housing programs;
- I understand that the Bos CoC Coordinated Entry System is required to collect information and enter that information into DHCD's Coordinated Entry System's data system; I agree to allow the Bos CoC Coordinated Entry System to collect my information and enter it into DHCD's Coordinated Entry System's data system;
- I also agree to provide my contact information and the contact information of someone else who will know how to get in touch with me for follow-ups and referrals to appropriate housing programs;
- I understand my information and records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (45 CFR Parts 160 & 164); I understand my information cannot be shared without my written consent unless otherwise provided for in the laws and regulations;
- I agree information about my substance use disorder can be released and shared with the designated staff persons at the Coordinated Entry System and at one or more of the following organizations only to the extent that information is necessary for the referral System to housing programs appropriate for me:
 - o Bay Cove Human Services/Kit Clark Senior Services;
 - o High Point/SEMCOA;
 - o The Institute for Health and Recovery;
 - o Massachusetts Sober Housing Corporation;
 - o South Middlesex Opportunity Council;
- I understand that I may cancel this consent at any time, except to the extent that action has been taken in reliance on it. I also understand that, in any event, this consent automatically expires 90 days upon the completion of my participation in the Bos CoC Coordinated Entry System. If I decide to cancel this consent before the automatic expiration date, I can do so by contacting the CoC Grants Coordinator at DHCD at: 1-617-573-1339.

I acknowledge that I have received a copy of this consent-to-release-information form.

Participant's Signature _____ Date _____

Staff Person's Signature _____ Date _____

Staff Person's Printed Name and Title: _____

Optional Contact Information: I authorize the CoC to contact the person whose contact information I have provided below who will know how to get in touch with me for follow-ups and referrals to appropriate housing programs.

Print Name: _____

Print Address: _____

Phone Number: _____

Email Address: _____

APPENDIX A-3: Housing Preference Form

Balance of State Continuum of Care Coordinated Entry System
Housing Preference Form

+		
Participant First Name	Participant Last Name	DOB (mm/dd/yyyy)
Unique Client Identifier (UCI) (does not have to be filled in at time of screening) UCI		
Interviewer's Name and Title	Interviewer's Organization	Date of Interview

This form will accompany your assessment and release form to help us better understand what your housing needs and preferences are. The Balance of State Continuum covers a large geographic area and we understand that for you to be close to your support systems, some communities will work better for you than others. We also understand that some people may have communities that they cannot live in. Please place a check or x next to any community in which you could live and be close to your support systems. When doing so, remember that choosing fewer towns will decrease your housing opportunities, but it will not affect your standing on the referral list.

<input type="checkbox"/> Acton	<input type="checkbox"/> Dover	<input type="checkbox"/> Medford	<input type="checkbox"/> Stoughton
<input type="checkbox"/> Ashby	<input type="checkbox"/> Dracut	<input type="checkbox"/> Medway	<input type="checkbox"/> Stow
<input type="checkbox"/> Ashland	<input type="checkbox"/> Dunstable	<input type="checkbox"/> Melrose	<input type="checkbox"/> Sudbury
<input type="checkbox"/> Avon	<input type="checkbox"/> Everett	<input type="checkbox"/> Millis	<input type="checkbox"/> Tewksbury
<input type="checkbox"/> Ayer	<input type="checkbox"/> Foxborough	<input type="checkbox"/> Milton	<input type="checkbox"/> Townsend
<input type="checkbox"/> Bedford	<input type="checkbox"/> Framingham	<input type="checkbox"/> Nahant	<input type="checkbox"/> Tyngsboro
<input type="checkbox"/> Bellingham	<input type="checkbox"/> Franklin	<input type="checkbox"/> Natick	<input type="checkbox"/> Wakefield
<input type="checkbox"/> Belmont	<input type="checkbox"/> Groton	<input type="checkbox"/> Needham	<input type="checkbox"/> Walpole
<input type="checkbox"/> Billerica	<input type="checkbox"/> Holbrook	<input type="checkbox"/> Newton	<input type="checkbox"/> Waltham
<input type="checkbox"/> Boxborough	<input type="checkbox"/> Holliston	<input type="checkbox"/> Norfolk	<input type="checkbox"/> Watertown
<input type="checkbox"/> Braintree	<input type="checkbox"/> Hopkinton	<input type="checkbox"/> Norwood	<input type="checkbox"/> Wayland
<input type="checkbox"/> Brookline	<input type="checkbox"/> Hudson	<input type="checkbox"/> Pepperell	<input type="checkbox"/> Wellesley
<input type="checkbox"/> Burlington	<input type="checkbox"/> Lawrence	<input type="checkbox"/> Plainville	<input type="checkbox"/> Westford
<input type="checkbox"/> Canton	<input type="checkbox"/> Lexington	<input type="checkbox"/> Randolph	<input type="checkbox"/> Weston
<input type="checkbox"/> Carlisle	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Reading	<input type="checkbox"/> Westwood
<input type="checkbox"/> Chelmsford	<input type="checkbox"/> Littleton	<input type="checkbox"/> Revere	<input type="checkbox"/> Winchester
<input type="checkbox"/> Chelsea	<input type="checkbox"/> Malden	<input type="checkbox"/> Sharon	<input type="checkbox"/> Winthrop
<input type="checkbox"/> Cohasset	<input type="checkbox"/> Marlborough	<input type="checkbox"/> Sherborn	<input type="checkbox"/> Woburn
<input type="checkbox"/> Concord	<input type="checkbox"/> Maynard	<input type="checkbox"/> Shirley	<input type="checkbox"/> Wrentham
<input type="checkbox"/> Dedham	<input type="checkbox"/> Medfield	<input type="checkbox"/> Stoneham	

We also know that people do better in in different types of housing. Please check those types of housing that you believe will be successful for you.

SROs Congregate Clustered units Scattered Site

Rapid Rehousing helps with rent, security deposit and other financial needs as well as supportive services to help people enter into an apartment. Both the financial assistance and supportive services end within six months of entering the apartment. Check here if you would be interested in Rapid Rehousing.

Finally, we know that some people have very specific needs related to their disabilities. Please check if you need any of the following:

Handicapped Accessible Unit First Floor unit
 Devices for the hearing Impaired Devices for the Visually Impaired

APPENDIX B**Memorandum of Understanding (MOU) Between Agencies Participating in Coordinated Assessment and the Massachusetts Balance of State Continuum of Care (CoC)**

Agencies signing this agreement agree to the following standards:

- Treating all consumers with respect and kindness
- Providing all project eligibility criteria to the Coordinated Assessment Committee
- Exclusively accepting referrals to their organization's HUD funded CoC projects from the coordinated assessment process.
- Abiding by the policies and procedures of the coordinated assessment process
- Providing feedback to the Coordinated Entry System Committee Chair about the efficacy, efficiency, and functionality of the system as issues become known.
- Meeting with the Coordinated Assessment Committee when requested to discuss concerns and issues around the coordinated assessment process

Please sign and date below if you agree to these criteria.

Name: _____

Agency: _____

Date: _____

APPENDIX C

Coordinated Assessment Metrics

Process Metrics

- Number of assessments completed
- Number of households receiving diversion assistance
- Percent of declined referrals (provider)
- Number of declined referrals (provider)
- Percent of decline referrals (consumer)
- Number of declined referrals (consumer)
- Number of complaints filed with Coordinated Assessment Committee (provider)
- Number of complaints filed with Coordinated Assessment Committee (consumer)

Outcome Measures

- Percent of households exiting from homelessness to permanent housing
- Number of households exiting from homelessness to permanent housing
- Average length of episodes of homelessness
- Number of repeat entries into homelessness
- Number of new entries into homelessness

APPENDIX D

Subject: Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status

I. Purpose

This Notice provides guidance to Continuums of Care (CoC) and recipients of Continuum of Care (CoC) Program (24 CFR part 578) funding for permanent supportive housing (PSH) regarding the order in which eligible households should be served in **all** CoC Program-funded PSH. This Notice also establishes recordkeeping requirements for all recipients of CoC Program-funded PSH that includes beds that are required to serve persons experiencing chronic homelessness as defined in 24 CFR 578.3, in accordance with 24 CFR 578.103.

A. Background

In June 2010, the Obama Administration released *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (Opening Doors)*, in which HUD and its federal partners set goals to end Veteran and chronic homelessness by 2015, and end family and youth homelessness by 2020. Ending chronic homelessness is the first goal of *Opening Doors* and is a top priority for HUD. Although progress has been made there is still a long way to go. In 2013, there were still 109,132 people identified as chronically homeless in the United States. In order to meet the first goal of *Opening Doors*—ending chronic homelessness—it is critical that CoCs ensure that limited resources awarded through the CoC Program Competition are being used in the most effective manner and that households that are most in need of assistance are being prioritized.

Since 2005, HUD has encouraged CoCs to create new PSH dedicated for use by persons experiencing chronic homelessness (herein referred to as dedicated PSH). As a result, the number of dedicated PSH beds for persons experiencing chronic homelessness has increased from 24,760 in 2007 to 51,142 in 2013. This increase has contributed to a 25 percent decrease in the number of chronically homeless persons reported in the Point-in-Time Count between 2007 and 2013. Despite the overall increase in the number of dedicated PSH beds, this only represents 30 percent of all CoC Program-funded PSH beds.

To ensure that all PSH beds funded through the CoC Program are used as strategically and effectively as possible, PSH needs to be targeted to serve persons with the highest needs and greatest barriers towards obtaining and maintaining housing on their own—persons experiencing chronic homelessness. HUD’s experience has shown that many communities and recipients of CoC Program-funded PSH continue to serve persons on a “first-come, first-serve” basis and/or based on tenant selection processes that screen-in those who are most likely to succeed. These approaches to tenant selection have not been effective in reducing chronic homelessness, despite the increase in the number of PSH beds nationally.

B. Goal of this Notice

The overarching goal of this Notice is to ensure that the homeless individuals and families with the most severe service needs within a community are prioritized in PSH, which will also increase progress towards the Obama Administration’s goal of ending chronic homelessness. In order to guide CoCs in ensuring that all CoC Program-funded PSH beds

are used most effectively, this Notice establishes an order of priority which CoCs are strongly encouraged to adopt and incorporate into the CoC's written standards and coordinated assessment system. With adoption by CoCs and incorporation into the CoC's written standards, **all** recipients of CoC Program-funded PSH must then follow this order of priority, consistent with their current grant agreement, which will result in this intervention being targeted to the persons who need it the most. Such adoption and incorporation will ensure that persons are housed appropriately and in the order provided in this Notice.

HUD seeks to achieve three goals through this Notice:

1. Establish an order of priority for dedicated and prioritized PSH beds which CoCs are encouraged to adopt in order to ensure that those persons with the most severe service needs are given first priority.
2. Inform the selection process for PSH assistance not dedicated or prioritized for chronic homelessness to prioritize persons who do not yet meet the definition of chronic homelessness but are most at risk of becoming chronically homeless.
3. Provide uniform recordkeeping requirements for all recipients of CoC Program-funded PSH for documenting chronically homeless status of program participants when required to do so as well as provide guidance on recommended documentation standards that CoCs may require of its recipients of CoC Program-funded PSH if the priorities included in the Notice are adopted by the CoC.

C. Applicability

The guidance in this Notice is provided to all CoCs and all recipients and subrecipients—the latter two groups referred to collectively as recipients of CoC Program-funded PSH. CoCs are encouraged to incorporate the order of priority described in this Notice into their written standards, in accordance with the CoC Program interim rule at 24 CFR 578.7(a)(9) and 24 CFR 578.93, for CoC Program-funded PSH. Upon incorporation of the order of priority into written standards CoCs may then require recipients of CoC Program-funded PSH to follow the order of priority in accordance with the CoC's revised written standards and this Notice and in a manner consistent with their current grant agreement.

D. Key Terms

1. **Housing First.** Housing First is an approach in which housing is offered to people experiencing homelessness without preconditions (such as sobriety, mental health treatment, or a minimum income threshold) or service participation requirements and in which rapid placement and stabilization in permanent housing are primary goals. PSH projects that use a Housing First approach promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services. HUD encourages all recipients of CoC Program-funded PSH to follow a Housing First approach to the maximum extent practicable. Any recipient that indicated that they would follow a Housing First approach in the FY 2013 CoC Project Application must do so for both the FY 2013 and FY 2014 operating year(s), as the CoC score for the FY 2013–FY 2014 CoC Program Competition was affected by the extent in which project applications indicated that they would follow this approach and this requirement will be incorporated into the recipient's FY 2013 and FY 2014 grant agreement.

HUD recognizes that this approach may not be applicable for all program designs, particularly for those projects formerly awarded under the SHP or SPC programs which were permitted to target persons with specific disabilities (e.g., “sober housing”).

2. **Chronically Homeless.** The definition of “chronically homeless” currently in effect for the CoC Program is that which is defined in the CoC Program interim rule at 24 CFR 578.3, which states that a chronically homeless person is:
 - (a) An individual who:
 - i. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - ii. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and
 - iii. Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
 - (b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of this Notice], before entering that facility; or
 - (c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of this Notice, including a family whose composition has fluctuated while the head of household has been homeless.
3. **Severity of Service Needs.** This Notice refers to persons who have been identified as having the most severe service needs.
 - (a) For the purposes of this Notice, this means an individual for whom at least one of the following is true:
 - i. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; or
 - ii. Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing.

Severe service needs as defined in paragraphs i. and ii. above should be identified and verified through data-driven methods such as an administrative data match or through the use of a standardized assessment tool that can identify the severity of needs such as the Vulnerability Index (VI), the Service Prioritization Decision Assistance Tool (SPDAT), or the Frequent Users Service Enhancement (FUSE). The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual.

- (b) In states where there is an alternate criteria used by state Medicaid departments to identify high-need, high cost beneficiaries, CoCs and recipients of CoC Program-funded PSH may use similar criteria to determine if a household has severe service needs instead of the criteria defined paragraphs i. and ii. above. However, such determination must not be based on a specific diagnosis or disability type.

II. Dedication and Prioritization of Permanent Supportive Housing Strategies to Increase Number of PSH Beds Available for Chronically Homeless Persons

There are two significant ways in which CoCs can increase progress towards ending chronic homelessness in their communities using only their existing CoC Program-funded PSH:

A. Increase the number of CoC Program-funded PSH beds that are dedicated to persons experiencing chronic homelessness.

Dedicated PSH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness unless there are no persons within the CoC that meet that criteria. If this occurs, the recipient may then follow the order of priority in this Notice if it is adopted by the CoC. The bed will continue to be a dedicated bed, however, so when that bed becomes vacant again it must be used to house a chronically homeless person unless there are still no persons who meet that criterion within the CoC's geographic area. These PSH beds are reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). A CoC may increase the number of CoC Program-funded PSH beds that are dedicated to persons experiencing chronic homelessness when it's recipients of non-dedicated CoC Program-funded PSH request a grant amendment to dedicate one or more of its beds for this purpose. A recipient of CoC Program-funded PSH is prohibited from changing the designation of the bed from dedicated to non-dedicated without a grant agreement amendment. Similarly, if a recipient of non-dedicated PSH intends to dedicate one or more of its beds to the chronically homeless it may do so through a grant agreement amendment.

B. Prioritize non-dedicated PSH beds for use by persons experiencing chronic homelessness.

Prioritization means implementing an admissions preference for chronically homeless persons for CoC Program-funded PSH beds. In the FY 2013-FY 2014 CoC Program Competition, CoCs were scored on the extent to which they were willing to commit to prioritizing chronically homeless persons in a percentage of their non-dedicated PSH beds with the highest points going to CoCs that committed to prioritize the chronically homeless

in 85 percent or more of their non-dedicated CoC Program-funded PSH. Further, project applicants for CoC Program-funded PSH had to indicate the number of non-dedicated beds that would be prioritized for use by persons experiencing chronic homelessness. These projects are now required to prioritize chronically homeless persons in their non-dedicated CoC Program-funded PSH beds for FY 2013 and FY 2014, as the project application is incorporated into the grant agreement. PSH beds that were included in the calculation for the CoCs commitment in the CoC Application cannot revise their FY 2014 application to reduce the number of prioritized beds; however, recipients of PSH that are currently not dedicated to the chronically homeless may choose to prioritize additional beds in the FY 2014 CoC Project Application. All recipients of CoC Program-funded PSH are encouraged to prioritize the chronically homeless as beds become vacant to the maximum extent practicable. CoCs will be expected to meet or exceed the goals established in the FY 2013/FY 2014 CoC Application and should continue to prioritize persons experiencing chronic homelessness in their CoC Program-funded PSH until there are no persons within the CoC's geographic area who meet that criteria. Further, to the extent that CoCs incorporate this order of priority into the CoCs written standards, recipients of CoC Program-funded PSH will also be required to follow this criterion included in those standards.

III. Order of Priority in CoC Program-funded Permanent Supportive Housing

A. Order of Priority in CoC Program-funded Permanent Supportive Housing Beds Dedicated to Persons Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

1. As of the date of this Notice, CoCs are encouraged to revise their written standards to include the following order of priority for CoC Program-funded PSH that is either dedicated or prioritized for use by the chronically homeless. If adopted into the CoCs written standards, recipients of CoC Program-funded PSH would then be required to follow the order of priority when selecting participants for housing in accordance with the CoC's revised written standards in accordance with this Notice and in a manner consistent with their current grant agreement. For CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness, the following order of priority is strongly encouraged:

- (a) **First Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.**

A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

- i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and

- ii. The CoC or CoC Program recipient has identified the chronically homeless individual or head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs (see Section I.D.3. of this Notice for definition of severe service needs).

(b) Second Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness. A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for which both of the following are true:

- i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and,
- ii. The CoC or CoC program recipient has **not** identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

(c) Third Priority—Chronically Homeless Individuals and Families with the Most Severe Service Needs. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

- i. The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; and
- ii. The CoC or CoC program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

(d) Fourth Priority—All Other Chronically Homeless Individuals and Families. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

- i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for on at least four separate occasions in the last 3 years, where the cumulative total length the four occasions is **less than** 12 months; and

- ii. The CoC or CoC program recipient has **not** identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.
2. Where a CoC or a recipient of CoC Program-funded PSH beds that are dedicated or prioritized is not able to identify chronically homeless individuals and families as defined in 24 CFR 578.3 within the CoC, the order of priority in Section III.B. of this Notice, as adopted by the CoC, may be followed.
3. Recipients of CoC Program-funded PSH should follow the order of priority above while also considering the goals and any identified target populations served by the project. For example, a CoC Program-funded PSH project that is permitted to target homeless persons with a serious mental illness that has been identified as a project that will prioritize a portion or all of its turnover beds to persons experiencing chronic homelessness should follow the order of priority under Section III.A.1. of this Notice to the extent in which persons with serious mental illness meet the criteria.
4. Recipients must exercise due diligence when conducting outreach and assessment to ensure that persons are served in the order of priority in this Notice. HUD recognizes that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units remain vacant where there are persons who meet a higher priority within the CoC and who have not yet accepted the PSH opportunities offered to them. Street outreach providers should continue to make attempts to engage those persons and the CoC and CoC Program-funded PSH providers are encouraged to follow a Housing First approach to the maximum extent practicable and for those projects that indicated in the FY 2013 CoC Project Application that they would follow a Housing First approach will be required to do so for both the FY 2013 and FY 2014 operating year(s), as the CoC score for the FY 2013 – FY 2014 CoC Program Competition was affected by the extent in which project applications indicated that they would follow this approach and this requirement will be incorporated into the recipient’s FY 2013 and FY 2014 grant agreement. For eligibility in dedicated or prioritized PSH serving chronically homeless households, the individual or head of household must meet all of the applicable criteria to be considered chronically homeless per 24 CFR 578.3.

B. Order of Priority in Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness

1. As of the date of this Notice, CoCs are encouraged to revise their written standards to include the following priorities for non-dedicated and non-prioritized PSH beds. If adopted into the CoCs written standards, recipients of CoC Program-funded PSH would then be required to follow the order of priority when selecting participants for housing in accordance with the CoC’s revised written standards included in this Notice and in a

manner consistent with their current grant agreement. CoCs that adopt this order of priority are encouraged to include in the written standards a policy that would allow for recipients of non-dedicated and non-prioritized PSH to offer housing to chronically homeless individuals and families first, but minimally would be required to place otherwise eligible households in an order that prioritizes, in a nondiscriminatory manner, those who would benefit the most from this type of housing, beginning with those most at risk of becoming chronically homeless. For eligibility in non-dedicated and non-prioritized PSH serving non-chronically homeless households, any household member with a disability may qualify the family for PSH.

(a) First Priority–Homeless Individuals and Families with a Disability with the Most Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter for any period of time, including persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution **and** has been identified as having the most severe service needs.

(b) Second Priority–Homeless Individuals and Families with a Disability with a Long Period of Continuous or Episodic Homelessness. An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution and had been living or residing in one of those locations for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months.

(c) Third Priority–Homeless Individuals and Families with Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters. An individual or family that is eligible for CoC Program-funded PSH who has been living in a place not meant for human habitation, a safe haven, or an emergency shelter. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution.

(d) Fourth Priority–Homeless Individuals and Families with a Disability Coming from Transitional Housing. An individual or family that is eligible for CoC Program-funded PSH who is coming from transitional housing, where prior to residing in the transitional housing lived on streets or in an emergency shelter, or

safe haven. This priority also includes homeless individuals and homeless households with children with a qualifying disability who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and are living in transitional housing—all are eligible for PSH even if they did not live on the streets, emergency shelters, or safe havens prior to entry in the transitional housing.

2. Recipients of CoC Program-funded PSH should follow the order of priority above, as adopted by the CoC, while also considering the goals and any identified target populations served by the project. For example, in CoC Program-funded PSH where the beds are not dedicated or prioritized and which is permitted to target homeless persons with a serious mental illness should follow the order of priority under Section III.B.1. of this Notice, as adopted by the CoC, to the extent in which persons with serious mental illness meet the criteria.
3. Due diligence should be exercised when conducting outreach and assessment to ensure that persons are served in the order of priority in this Notice, and as adopted by the CoC. HUD recognizes that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units vacant where there are persons who meet a higher priority within the CoC and who have not yet accepted the PSH opportunities offered to them. Street outreach providers should continue to make attempts with those persons using a Housing First approach to place as few conditions on a person's housing as possible.

IV. Using a Coordinated Assessment and a Standardized Assessment Tool or Process to Determine Eligibility and Establish a Prioritized Waiting List

A. Coordinated Assessment Requirement

Provisions at 24 CFR 578.7(a)(8) requires that each CoC, in consultation with recipients of Emergency Solutions Grants (ESG) program funds within the CoC's geographic area, establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. CoCs that adopt the order of priority in Section III of this Notice into the CoC's written standards are strongly encouraged to use their coordinated assessment system in order to ensure that there is a single prioritized waiting list for all CoC Program-funded PSH within the CoC. Under no circumstances shall the order of priority be based upon diagnosis or disability type, but instead on the severity of needs of an individual or family.

B. Written Standards for Creation of a Single Prioritized Waiting List for PSH

CoCs are also encouraged to include in their policies and procedures governing their coordinated assessment system, a requirement that all CoC Program-funded PSH accept referrals only through a single prioritized waiting list that is created through the CoCs coordinated assessment process. Adopting this into the CoC's policies and procedures for coordinated assessment would further ensure that CoC Program-funded PSH is being used most effectively, which is one of the goals in this Notice. This would also allow for

recipients of CoC Program funds for PSH to maintain their own waiting lists, but all households would be referred to each of those project-level waiting lists based on where they fall on the prioritized list and not on the date in which they first applied for housing assistance.

C. Standardized Assessment Tool Requirement

CoCs must utilize a standardized assessment tool, in accordance with 24 CFR 578.3, or process. Appendix A of this Notice—*Coordinated Assessment Tool and Implementation: Key Considerations*—provides recommended criteria for a quality coordinated assessment process and standardized assessment tool.

D. Nondiscrimination Requirements

CoCs and recipients of CoC Program-funded PSH must continue to comply with the nondiscrimination provisions of Federal civil rights laws, including, but not limited to, the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II or III of the Americans with Disabilities Act, as applicable.

V. Recordkeeping Requirements

This Notice establishes recordkeeping requirements for all recipients of CoC Program-funded PSH that are required to document a program participant's status as chronically homeless as defined in 24 CFR 578.3 and in accordance with 24 CFR 578.103. Further, HUD expects that where CoCs have adopted the orders of priority in Section III. of this Notice into their written standards, the CoC as well as recipients of CoC Program-funded PSH, will maintain evidence of implementing these priorities.

A. CoC Records

In addition to the records required in 24 CFR 578.103, it is recommended that the CoC should supplement such records with the following:

- 1. Evidence of written standards that incorporate the priorities in Section III. of this Notice, as adopted by the CoC.** A CoC adopting the priorities in Section III of this Notice, may be evidenced by written CoC, or subcommittee, meeting minutes where written standards were adopted that incorporate the prioritization standards in this Notice, or an updated, approved, governance charter where the written standards have been updated to incorporate the prioritization standards set forth in this Notice.
- 2. Evidence of a standardized assessment tool.** Use of a standardized assessment tool may be evidenced by written policies and procedures referencing a single standardized assessment tool that is used by all CoC Program-funded PSH recipients within the CoC's geographic area.
- 3. Evidence that the written standards were incorporated into the coordinated assessment policies and procedures.** Incorporating standards into the coordinated assessment policies and procedures may be evidenced by updated policies and

procedures—that incorporate the updated written standards for CoC Program-funded PSH developed and approved by the CoC.

B. Recipient Recordkeeping Requirements

In addition to the records required in 24 CFR 578.103, recipients of CoC Program-funded PSH that is required by grant agreement to document chronically homeless status of program participants in some or all of its PSH beds must maintain the following records:

1. **Written Intake Procedures.** Recipients must maintain and follow written intake procedures to ensure compliance with the definition of chronically homeless per 24 CFR 578.3. These procedures must establish the order of priority for obtaining evidence as: (1) third-party documentation, (2) intake worker observations, and (3) certification from the person seeking assistance. Records contained in an HMIS or comparable database used by victim service or legal service providers are acceptable evidence of third-party documentation and intake worker observations if the HMIS retains an auditable history of all entries, including the person who entered the data, the date of entry, and the change made; and if the HMIS prevents overrides or changes of the dates entries are made.
2. **Evidence of Chronically Homeless Status.** Recipients of CoC Program-funded PSH whose current grant agreement includes beds that are dedicated or prioritized to the chronically homeless must maintain records evidencing that the individuals or families receiving the assistance in those beds meets the definition for chronically homeless at 24 CFR 578.3. Such records must include evidence of the homeless status of the individual or family (paragraphs (1)(i) and (1)(ii) of the definition), the duration of homelessness (paragraph (1)(ii) of the definition), and the disabling condition (paragraph (1)(iii) of the definition). When applicable, recipients must also keep records demonstrating compliance with paragraphs (2) and (3) of the definition.
 - (a) **Evidence of homeless status.** Evidence of an individual or head of household's current living situation may be documented by a written observation by an outreach worker, a written referral by housing or service provider, or a certification by the household seeking assistance that demonstrates that the individual or head of household is currently homeless and living in a place not meant for human habitation, in an emergency shelter, or a safe haven. For paragraph (2) of the definition for chronically homeless at 24 CFR 578.3, for individuals currently residing in an institution, acceptable evidence includes:
 - i. Discharge paperwork or a written or oral referral from a social worker, case manager, or other appropriate official of the institution, stating the beginning and end dates of the time residing in the institution that demonstrate the person resided there for less than 90 days. All oral statements must be recorded by the intake worker; or
 - ii. Where the evidence above is not obtainable, a written record of the intake worker's due diligence in attempting to obtain the evidence described in the paragraph i. above and a certification by the individual seeking

assistance that states that they are exiting or have just exited an institution where they resided for less than 90 days; and

- iii. Evidence that the individual was homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter, and met the criteria in paragraph (1) of the definition for chronically homeless in 24 CFR 578.3, immediately prior to entry into the institutional care facility.

- (b) **Evidence of the duration of the homelessness.** Recipients documenting chronically homeless status must also maintain the evidence described in paragraph i. or in paragraph ii. below, and the evidence described in paragraph iii. below:

- i. **Evidence that the homeless occasion was continuous, for at least one year.**

Using any combination of allowable documentation described in Section V.B.2.(a) of this Notice, recipients must provide evidence that the homeless occasion was continuous, for a year period, without a break in living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter. For the purposes of this Notice, a break is considered at least seven or more consecutive nights not residing in a place not meant for human habitation, in shelter, or in a safe haven.

At least 9 months of the 1-year period must be documented by one of the following: (1) HMIS data, (2), a written referral, or (3) a written observation by an outreach worker. In only rare and the most extreme cases, HUD would allow a certification from the individual or head of household seeking assistance in place of third-party documentation for up to the entire period of homelessness. Where third-party evidence could not be obtained, the intake worker must obtain a certification from the individual or head of household seeking assistance, and evidence of the efforts made to obtain third-party evidence as well as documentation of the severity of the situation in which the individual or head of household has been living. An example of where this might occur is where an individual has been homeless and living in a place not meant for human habitation in a secluded area for more than 1 year and has not had any contact with anyone during that entire period.

Note: A single encounter with a homeless service provider on a single day within 1 month that is documented through third-party documentation is sufficient to consider an individual or family as homeless for the entire month unless there is any evidence that the household has had a break in homeless status during that month (e.g., evidence in HMIS of a stay in transitional housing).

ii. Evidence that the household experienced at least four separate homeless occasions over 3 years.

Using any combination of allowable documentation described in Section V.B.2.(a) of this Notice, the recipient must provide evidence that the head of household experienced at least four, separate, occasions of homelessness in the past 3 years.

Generally, at least three occasions must be documented by either: (1) HMIS data, (2) a written referral, or (3) a written observation. Any other occasion may be documented by a self-certification with no other supporting documentation.

In only rare and the most extreme cases, HUD will permit a certification from the individual or head of household seeking assistance in place of third-party documentation for the three occasions that must be documented by either: (1) HMIS data, (2) a written referral, or (3) a written observation. Where third-party evidence could not be obtained, the intake worker must obtain a certification from the individual or head of household seeking assistance, and must document efforts made to obtain third-party evidence, and document of the severity of the situation in which the individual has been living. An example of where this might occur is where an individual has been homeless and living in a place not meant for human habitation in a secluded area for more than one occasion of homelessness and has not had any contact with anyone during that period.

iii. Evidence of diagnosis with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability. Evidence of this criterion must include one of the following:

- (1) Written verification of the condition from a professional licensed by the state to diagnose and treat the condition;
- (2) Written verification from the Social Security Administration;
- (3) Copies of a disability check (e.g., Social Security Disability Insurance check or Veterans Disability Compensation);
- (4) Intake staff (or referral staff) observation that is confirmed by written verification of the condition from a professional licensed by the state to diagnose and treat the condition that is confirmed no later than 45 days of the application for assistance and accompanied with one of the types of evidence above; or

(5) Other documentation approved by HUD.

C. Recordkeeping Recommendations for CoCs that have Adopted the Order of Priority in this Notice.

Where CoCs have incorporated the order of priority in this Notice into their written standards, recipients of CoC Program-funded PSH may demonstrate that they are following the CoC-established requirement by maintaining the following evidence:

- 1. Evidence of Cumulative Length of Occasions.** For recipients providing assistance to households using the selection priority in Sections III.A.1.(a) and (b) of this Notice, the recipient must maintain the evidence of each occasion of homelessness as required in Section V.B.2.(b)(2) of this Notice, which establishes how evidence of each occasion of homelessness, when determining whether an individual or family is chronically homeless, may be documented. However, to properly document the length of time homeless, it is important to document the start and end date of each occasion of homelessness and these occasions must cumulatively total a period of 12-months. In order to properly document the cumulative period of time homeless, at least 9 months of the 12-month period must be documented through third-party documentation unless it is one of the rare and extreme cases described in Section V.B.2.b.ii. of this Notice. For purposes of this selection priority, a single encounter with a homeless service provider on a single day within one month that is documented through third-party documentation is sufficient to consider an individual or family as homeless for the entire month unless there is any evidence that the household has had a break in homeless status during that month (e.g., evidence in HMIS of a stay in transitional housing).
- 2. Evidence of Severe Service Needs.** Evidence of severe service needs is that by which the recipient is able to determine the severity of needs as defined in Section I.D.3. of this Notice using data-driven methods such as an administrative data match or through the use of a standardized assessment conducted by a qualified professional.
- 3. Evidence that the Recipient is Following the CoC's Written Standards for Prioritizing Assistance.** Recipients must follow the CoC's written standards for prioritizing assistance, as adopted by the CoC. In accordance with the CoC's adoption of written standards for prioritizing assistance, recipients must in turn document that the CoC's revised written standards have been incorporated into the recipient's intake procedures and that the recipient is following its intake procedures when accepting new program participants into the project.

VI. Questions Regarding this Notice

Questions regarding this notice should be submitted to HUD's Ask A Question at: www.onecpd.info/get-assistance/my-question

Appendix E

Data Collection and Sharing

The Coordinated Entry system collects data for the purposes of making comparisons of vulnerability, to make reasonable determinations of eligibility for specific housing programs and to use those determinations to make referrals as outlined in these policies and procedures.

The Coordinated Entry system does not share client information, except that which is needed to make a referral for housing or services. Referrals for housing and services contain only the minimum information necessary for the program to which the household is being referred to understand household construct and make contact with the household. Specific data elements that may be shared by the system in the making of a referral are:

- Name
- Date of Birth
- Contact Information including
 - Phone number
 - E-mail address
 - Physical Address
- Contact information of the agency that helped you submit the referral to the Coordinated Entry System (so that if the housing project staff can't reach the potential tenant, they can ask the referral agency to help)
- Gender
- If you are fleeing domestic violence (so that the potential tenant's data can be provided particular protections by the project staff)
- Household composition (the size of the potential tenant's family so the housing project can understand what size unit they will be requiring.)

No information about disability used to determine a household's vulnerability will be shared with a housing project.

Referral packets are kept in a locked cabinet in a secure area of the offices of the Department of Housing and Community Development. The registry upon which the vulnerability assessment information is entered is de-identified and can only be traced back to the original forms to identify the household utilizing a coded field. It is not possible using the registry to identify who a specific person is.

Attachment A

Emergency Transfer Request Form

Emergency Transfer Request Certain Victims of Domestic Or Dating Violence, Sexual Assault, Or Stalking

If you are a victim of domestic or dating violence, sexual assault, or stalking, and you are seeking an emergency transfer, you may use this form to request an emergency transfer and certify that you meet the requirements of eligibility for an emergency transfer under the Violence Against Women Act (VAWA). Although the statutory name references women, VAWA rights and protections apply to all victims of domestic and dating violence, sexual assault or stalking. Using this form does not necessarily mean that you will receive an emergency transfer. See your housing provider's emergency transfer plan for more information about the availability of emergency transfers.

The Requirements you must meet are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation. In response, you may submit documentation.
- (2) You expressly request the emergency transfer. Submission of this form confirms that you have expressly requested a transfer. Your housing provider may choose to require that you submit this form, or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90 day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90 day period before you submit this form or otherwise expressly request the transfer.

Submission of Documentation: If you have third-party documentation that demonstrates why you are eligible for an emergency transfer, you should submit that documentation to your housing provider if it is safe for you to do so. Examples of third party documentation include, but are not limited to: a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom you have sought assistance; a current restraining order; a recent court order or other court records; a law enforcement report or records; communication records from the perpetrator of the violence or family members or friends of the perpetrator of the violence, including emails, voicemails, text messages, and social media posts.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking, and concerning your request for an emergency transfer shall be kept confidential. Such details shall not be entered into any shared database.

Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections or an emergency transfer to you. Such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY OR ON BEHALF OF THE PERSON REQUESTING A TRANSFER

1. Name of victim requesting an emergency transfer: _____
2. Your name (if different from victim's) _____
3. Name(s) of other family member(s) listed on the lease: _____

4. Name(s) of other family member(s) who would transfer with the victim: _____

5. Address of location from which the victim seeks to transfer: _____
6. Address or phone number for contacting the victim: _____
7. Name of the accused perpetrator (if it can be safely disclosed): _____
8. Relationship of the accused perpetrator to the victim: _____
9. Date(s), Time(s) and location(s) of incident(s): _____
10. Is the person requesting the transfer a victim of a sexual assault that occurred in the past 90 days on the premises of the property from which the victim is seeking a transfer? If yes, skip question 11. If no, fill out question 11. _____
11. Describe why the victim believes they are threatened with imminent harm from further violence if they remain in their current unit. _____

12. If voluntarily provided, list any third-party documentation you are providing along with this notice: _____

This is to certify that the information provided on this form is true and correct to the best of my knowledge, and that the individual named above in Item 1 meets the requirement laid out on this form for an emergency transfer. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Massachusetts Balance of State CoC

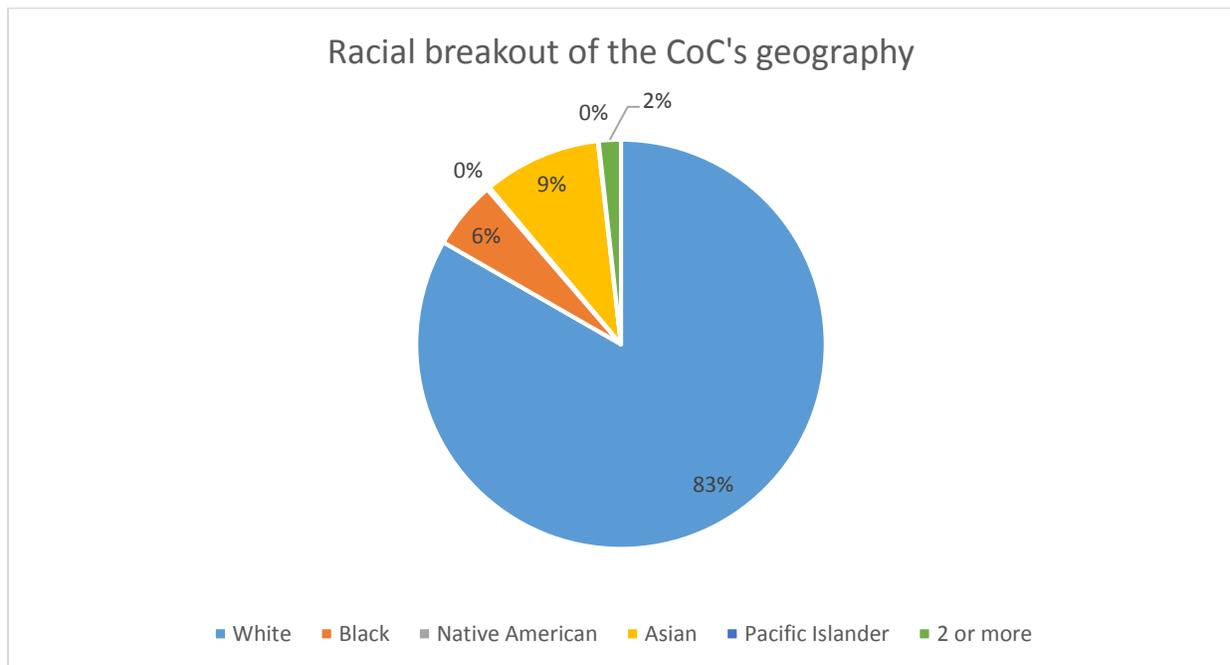
Racial Disparities Assessment

1. Assessing the scope of racial disparities in experiences of homelessness in the CoC by comparing HMIS data to local population and census data

The Balance of State CoC makes up the vast majority of Middlesex and Norfolk Counties in Massachusetts (excepting only 2 towns in one and 3 in the other). Given the limitations in publicly available tables from the US Census Bureau (specifically, the inability to download racial breakdowns by city and town) we have opted to use the entirety of the two counties as a reasonable representation of the racial breakdown of the CoC.

Races in the two counties, combined look like this:

White	Black	Native American	Asian	Pacific Islander	2 or more
1810792	116912	4938	202114	1258	37921
83.3%	5.4%	0.2%	9.3%	0.1%	1.7%

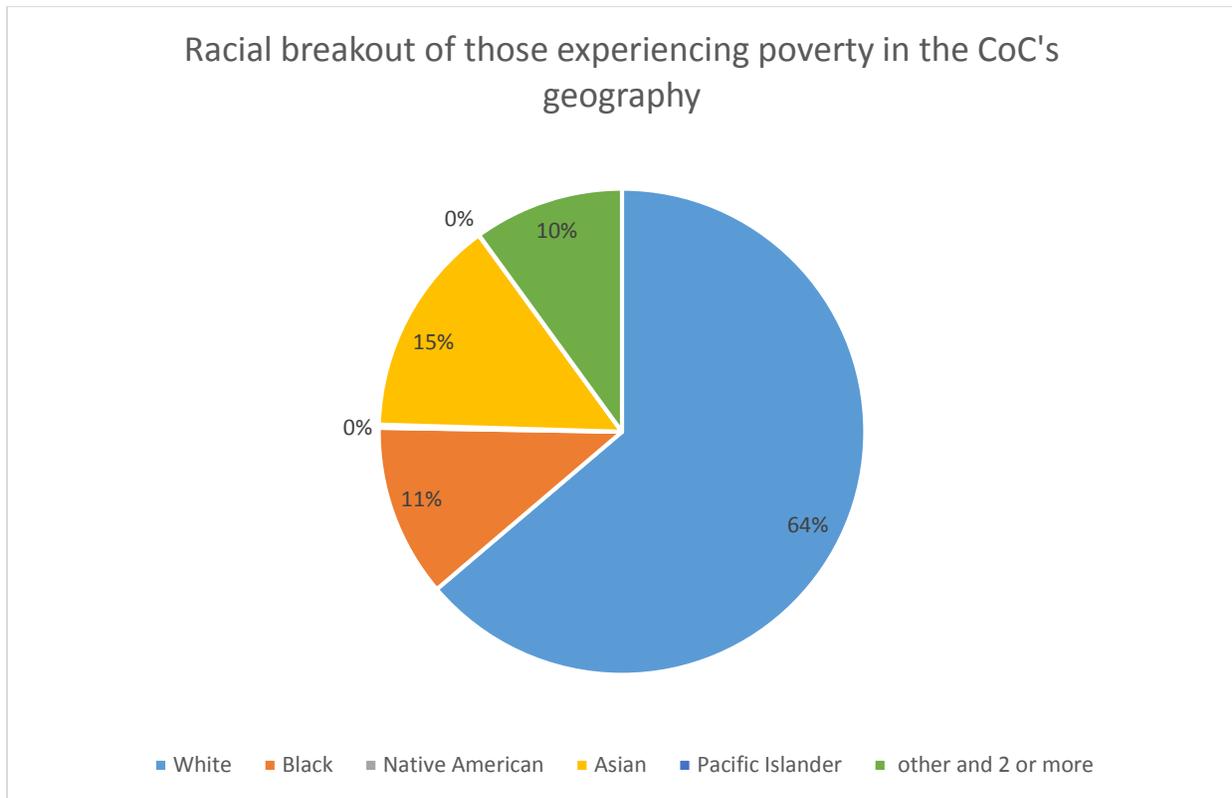


Using this data as a starting place for determining if the CoC is experiencing racial disparity in its use of, or engagement with members of any particular race is somewhat problematic because it does not account for variations in poverty across the races. Since homelessness is intrinsically tied to poverty, the CoC has opted to use a somewhat more refined look at the census data that starts with a breakout of races within those that are experiencing poverty.

Massachusetts Balance of State CoC

To that end, the data from both counties we are using as our baseline follows here:

White	Black	Native American	Asian	Pacific Islander	Other and 2 or more
108440	19520	358	24674	30	17002
63.8%	11.5%	0.2%	14.5%	0.0%	10.0%



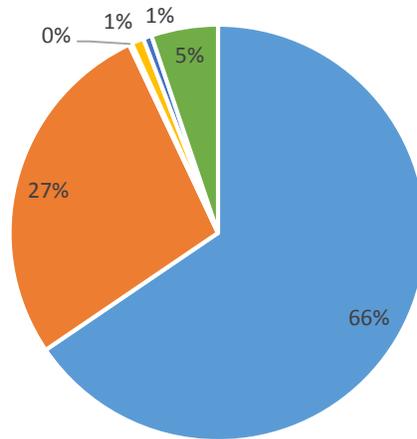
2. Assess the scope of racial disparities in experiences of homelessness in your community by comparing HMIS data to local population and census data

In a perfect world, we would discover that the percentages of each race accessing homelessness services would be equal to the percentages of each race experiencing homelessness. The data from HMIS breaks out the racial makeup of people accessing homelessness services like this:

White	Black	Native American	Asian	Pacific Islander	Other and 2 or more
1988	834	7	29	20	157
65.5%	27.5%	0.2%	1.0%	0.7%	5.2%

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Racial breakout of those accessing homelessness resources in the CoC's geography

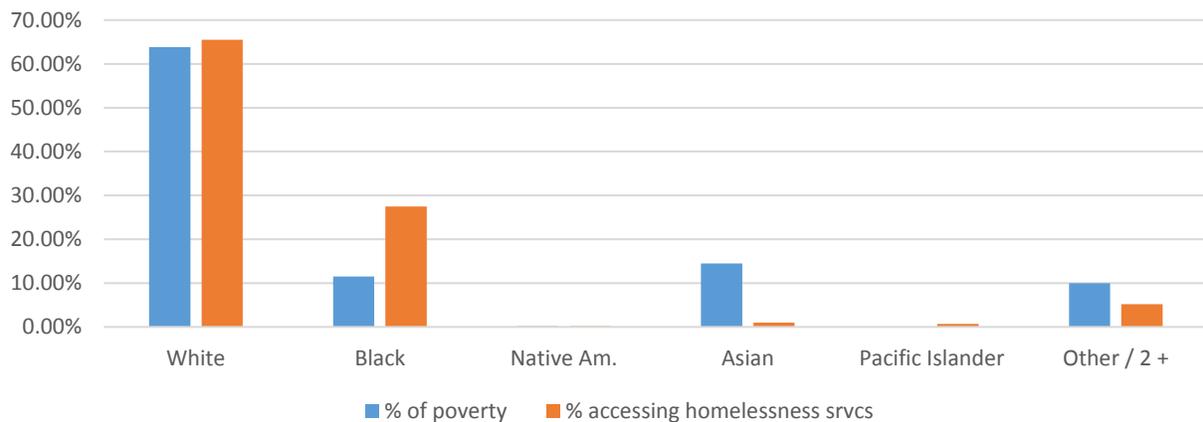


■ White ■ Black ■ Native American ■ Asian ■ Pacific Islander ■ other and 2 or more

In comparison:

	White	Black	Native Am.	Asian	Pacific Islander	Other / 2 +
% of poverty	63.8%	11.5%	0.2%	14.5%	0.0%	10.0%
% accessing homelessness srvc's	65.5%	27.5%	0.2%	1.0%	0.7%	5.2%

Comparison of Those Experiencing Poverty with those accessing homelessness services



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3. Assess whether your programs and systems are providing connections to services and housing at equitable rates and achieving equitable outcomes for clients across races and ethnicities.

We can glean some important information from the data as outline above. Whites, Native Americans and Pacific Islanders all accessed homelessness services in the Continuum at about the same rates as they experienced poverty. Blacks accessed services at a significantly higher rate and Asians at a significantly lower rate.

It is not clear if these differences lie in the rates in which poor people from different races actually experience homelessness or if it is a reflection of the level of ease or difficulty in which Blacks and Asians access homelessness services.

What is clear, however, is that while white people represent 60% of those in emergency shelter, they make up 74% of those in Permanent Housing Programs whereas Black people represented 28% of those in emergency shelter but 23 % of those in permanent housing projects. Black people instead were more likely to enter transitional housing with a full third of those in TH being Black (33%)

RACE	SSO %	PH %	TH %	ES %
White	57%	74%	61%	60%
Black or African American	15%	23%	33%	28%
Asian	38%	1%	0%	1%
American Indian or Alaska Native	38%	0%	2%	0%
Native Hawaiian or Other Pacific Islander	2%	78%	0%	0%
Multiple Races	77%	63%	0%	1%

Whereas White people seem to move from shelter to permanent housing situations, Black people are more likely to leave shelter for transitional housing. It isn't clear if this has been related to some sort of bias or preference, but it bears looking more deeply into. These numbers reflect all persons who have been in any of these project types at any point during the year, including those who have been in permanent supported housing programs for many years.

The Continuum's Coordinated Entry system has been fully functioning for about a year. All permanent housing programs funded through the CoC must now accept referrals only from the Coordinated Entry System, which operates completely blind to race (it isn't on our vulnerability assessment nor any of the other tools used to make housing matches). In addition, PSH projects may not refuse a referral except in cases where the referral is found to be ineligible for the project.

The data set of those housed over the course of the last year is still quite small and its imprudent to use it to determine larger trends, but it is our hope that at least some of this issue is resolved using these new processes. We hope imagine that it overcomes any unconscious bias or systemic issues that may have been at play when sub recipients were managing their own waiting lists.

Massachusetts Balance of State CoC

- 4. Based on these data findings, work with staff and individuals with lived experience to gauge whether any identified racial disparities are being or perpetuated by processes or barriers within your homeless services system.**

This type of careful analysis is still new to the CoC and we're finding our way. This very initial analysis is being reviewed by the continuum's Admin committee and will be presented to the Continuum for feedback and guidance about how to best proceed.

- 5. Share your findings with leaders, partners, providers and stakeholders within your system to build a shared understanding of the scope and drivers of racial disparities among people experiencing homelessness in your community.**

As we move forward together to address racial disparities more intentionally and comprehensively, we'll need to work together to answer many important questions, including questions about data and policies, such as:

- Did the implementation of Coordinated Entry mitigate the differences in access to Permanent Supported Housing projects?
- How do we overcome bias (purposeful and unconscious) as Coordinated Entry Assessments are completed and submitted?
- What might explain the differences in rates of those experiencing poverty versus the rates of those accessing homelessness services for Black and Asian people? If those differences are a result of the level of ease or difficulty in which Blacks and Asians access homelessness services, vs the rate at which they experience homelessness, how do we address that?
- Are there additional data points we should be examining to assure we are fully aware of racial disparities?
- What training do we need to better understand these dynamics, analyze data accordingly and make recommendations?

6. Summary

The CE system and our understanding of how it might impact racial disparities within the CoC are new enough that we don't yet fully understand all of its implications. We do have reasonably good data and a will to assure that the data we have is used to fully understand racial disparities in the Continuum and its various systems and projects. We can reasonably predict that, as with any new work, the more we learn in the initial stages of the effort, the more questions we'll have.

We're excited, nonetheless, to start thinking more purposefully about racial disparity, how to measure it, how to identify the underlying causes of it, and how to address those causes. In the meantime, we have begun to develop trainings about racial disparities in the CoC's system and how race and ethnicity have previously impacted outcomes for people. We are also forming an ad-hoc committee charged with leading the effort in better understanding these outcomes and devising strategies for changing them.

Massachusetts Balance of State CoC